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**Notice of Independent Medical Review Determination**

Dated: 11/26/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	9/30/1999
IMR Application Received:	7/16/2013
MAXIMUS Case Number:	CM13-0001692

- 1) MAXIMUS Federal Services, Inc. has determined the request for Percocet 10/325mg #180 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Lyrica 100mg #90 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Metamucil **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for Percocet 10/325mg #180 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Lyrica 100mg #90 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Metamucil **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Expert Reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

The patient is a 51-year-old male who presents with chronic pain injuries to the cervical and lumbar spine status post an unspecified a work related injury sustained in 09/1999. The clinical notes document the patient is status post multiple spinal surgeries. 1 of the earliest clinical notes dated 09/18/2012 reports the patient was seen under the care of Dr. [REDACTED] for his pain complaints, the patient presented reporting he required some help to manage the symptomatology to the cervical and lumbar spine. The provider documents the patient had been utilizing Lyrica 100 mg 3 times a day as well as Percocet 10/325 for his pain complaints. Urine drug screen dated 02/04/2013 documented Percocet was indicated for this patient; however, was not detected. Subsequent urine drug screen dated 05/20/2013 again revealed negative urine drug screen. The patient reports severe pain had continued with limited range of motion upon all fields of motion to both the cervical and lumbar spine. The provider documented treatment plan included continuation of Lyrica 100 mg 3 times a day as well as Percocet 10/325 mg every 4 hours in addition to Metamucil for management of the patient's constipation complaints as well as injection therapy.

An emergency room department note dated 06/03/2013 documents that the patient presents often to the emergency department for pain control and often requires a shot of Dilaudid. The provider documented the patient utilizes Percocet at home as well as Lyrica; however, the patient's current medication regimen is ineffective for his pain

complaints. The patient reported his pain physician is unwilling to increase his pain medication regimen.

**Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received
- Utilization Review Determination (dated 7/8/13)
- Medical Records from the Claims Administrator
- Medical Treatment Utilization Schedule

**1) Regarding the request for Percocet 10/325mg #180:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Oxycodone/acetaminophen (Percocet®), On-going Management, Opioid hyperalgesia, and discontinuing of Opioids, which are part of MTUS.

The Expert Reviewer found based his/her decision on the Chronic Pain Medical Treatment Guidelines, On-going Management, pages 78 -80 and Oxycodone/acetaminophen (Percocet®), page 92, which are part of MTUS.

Rationale for the Decision:

The current request previously received an adverse determination on 07/08/2013 to previous utilization reviews evidencing recommendation for the employee to begin weaning of this medication, due to poor pain control with the employee's current medication regimen. The Chronic Pain guidelines state Percocet "is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain." The guidelines also state "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The clinical notes submitted for review evidenced the employee had 2 inconsistent urine drug screens, as well as having presented to the emergency room on multiple occasions having been administered Dilaudid injections. The employee was utilizing Dilaudid via the emergency room as well as opioids via his provider. Guidelines indicate discontinuation of opioids is supported for patients who present with aberrant behaviors. Guidelines note discontinuation of opioids when the patient is requesting opioid medications for their pain and inconsistencies are identified in the history, presentation, and behaviors or physical findings, physicians and surgeons who make a clinical decision to withhold opioid medications should document the basis of their decision. Therefore, given the lack of efficacy, multiple emergency room visits for pain control, and inconsistent

urine drug results which confirm non-compliance, the request does not meet guideline criteria for continued use. **The request for Percocet 10/325mg #180 is not medically necessary and appropriate.**

## 2) Regarding the request for Lyrica 100mg #90

### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines; Antiepilepsy drugs (AEDs), which is part of MTUS, and the Official Disability Guidelines, Chronic Pain, Pregabalin (Lyrica ®), which is not part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, On-going Management, pages 78-80 and Antiepilepsy drugs (AEDs), pages 16-18, which are part of the MTUS.

### Rationale for the Decision:

The Chronic Pain guidelines state “4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the “4 A’s” (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors).” The current reference was noted as Lyrica is a controlled substance. CA-MTUS indicates, “This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria.” Furthermore, CA-MTUS also notes, a “good” response to the use of anti-epilepsy drugs (AEDs) has been defined as a 50% reduction in pain and a “moderate” response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the “trigger” for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. Given that the employee did not experience a “good” or “moderate” response from the requested medication, continuation of the requested Lyrica is not supported and does not meet guideline criteria. **The request for Lyrica 100mg #90 is not medically necessary and appropriate.**

## 3) Regarding the request for Metamucil:

### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Criteria for use of Opioids, Prophylactic Treatment of Constipation, page 77, which is part of MTUS.

Rationale for the Decision:

Given the submitted clinical information did not detail the employee's response to the requested Metamucil to support benefit from this medication, continuation of the requested Metamucil is not supported. Also, as the requested Percocet has not been deemed medically necessary, continuation of the Metamucil is not supported as this was being prescribed as prophylactic treatment of constipation caused by opioid medication. **The request for Metamucil is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
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Oakland, CA 94612

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