

<b>Case Number:</b>	CM14-0147497		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	02/15/1996
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. 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 disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 69-year-old woman sustained an industrial injury on 2-15-1996. The mechanism of injury is not detailed. Diagnoses include chronic low back pain. Treatment has included oral and topical medications, knee high stockings, and balloon angioplasty due to vascular issues. Physician notes dated 5-16-2014 show complaints of unchanged back pain with radiation down the bilateral lower extremities and knee pain. Recommendations include continue the current medication regimen, vascular surgery clearance for possible knee surgery, and follow up in three to four months.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Norco 10/325 #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-80 of 127.

**Decision rationale:** accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain". MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. MTUS guidelines also recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. This patient's combined Norco10/325mg and Oxycontin 80mg prescriptions exceed this recommended maximum morphine equivalents per day. Additionally, a recent urine drug screen and pain management contract has not been provided for review. Likewise, this requested chronic narcotic pain medication is not medically necessary.

**Oxycontin cr 80mg #270:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): (s) 76-80 of 127.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain". MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. MTUS guidelines also recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. This patient's combined Norco10/325mg and Oxycontin 80mg prescriptions exceed this recommended maximum morphine equivalents per day. Additionally, a recent urine drug screen and pain management contract has not been provided for review. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.

**Lyrica 100mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 99, 19.

**Decision rationale:** MTUS guidelines state regarding Lyrica, "Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia." Regarding this patient's case, the documentation does not state that there has been objective functional improvement with quantifiable pain relief. Likewise, this request for Lyrica is not medically necessary.