

Case Number:	CM13-0019498		
Date Assigned:	12/18/2013	Date of Injury:	09/15/2011
Decision Date:	04/10/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	09/03/2013

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. The expert reviewer is Board Certified in Internal Medicine, 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 33-year-old male with a date of injury of September 15, 2011. While at work, he fell from a scaffold and landed on the left side. The patient underwent conservative treatment with medication, physical therapy and epidural injections at L5-S1 on the left side. On a May 28, 2013 evaluation, the patient still reported low back and left leg burning associated with numbness in the left leg. The MRI of the lower back has shown left large paracentral disc extrusion. The epidural injection did not help. The medications which he is taking recently are Naprosyn, Norco, and Lyrica. Clinically, the patient has been unable to work and continues to experience pain even with the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids. Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opioids Page(s): 76-80.

Decision rationale: Norco 5/325 mg is not medically necessary. My review of records shows that the patient is chronically on opioids; however, clinically he did not respond to the opioids.

MTUS Guidelines for chronic pain page 82, states that opioids are not recommended first line. They are recommended as a second-line treatment along with recommendation of first line drugs. 1) Opioid is indicated only for prompt pain relief while titrating the first line of drug. 2) Treatment of episodic exacerbation of severe pain. 3) Treatment of neuropathic cancer pain. Opioid treatment should take into consideration risks and side-effects. There also has been consideration for risk of addiction and abuse because of the poor response of the patient to the opioids; there is no indication for the patient to continue with the medication. The Norco should be titrated down. Therefore, the Norco is not medically necessary.

Lyrica 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs). Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs Page(s): 16-22.

Decision rationale: Lyrica is not recommended based on MTUS page 16-22. Although Lyrica is considered an anti-epileptic drug, it is recommended as a first line therapy for painful polyneuropathy such as diabetes or other polyneuropathy. The review of records shows that the patient was not quite responsive to Lyrica; the patient was on Lyrica for more than three to six months and symptoms have not changed. Therefore, it is not recommended