

Case Number:	CM13-0028898		
Date Assigned:	11/27/2013	Date of Injury:	01/27/2005
Decision Date:	08/07/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/24/2013

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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:

The injured worker is a 48-year-old male who reported an injury on 1/27/05; the mechanism of injury was not cited within the documentation provided for review. In the clinical notes dated 7/29/13, the injured worker complained of neck, left knee, and left ankle pain. The injured worker rated his pain level at 7/10. Prior treatments included physical therapy, psychological therapy, medications, and surgeries. The injured worker's medication regimen included Lyrica 50 mg, Norco 10/325 mg, and Pamelor 10 mg. The physical examination revealed decreased painful range of motion to the neck. The diagnoses included cervicobrachial syndrome, cervical postlaminectomy syndrome, and osteoarthritis (unspecified) to the lower back. The treatment plan included a request for internal medicine, continuation of cognitive behavior therapy, recommendation for discontinuation of tobacco cigarette use, request for continued medication use of Lyrica 50 mg, Norco 10/325 mg, and Pamelor 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 50MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 19.

Decision rationale: The California MTUS guidelines state that antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. 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. This medication is designated as a schedule 5 controlled substance because of its casual relationship with euphoria. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status with the use of prescribed medications. There is also a lack of documentation of the efficacy or side effects of the use of Lyrica. Additionally, there is also a lack of documentation of any physical examination to indicate neuropathy. Furthermore, the request lacks the frequency and duration of the prescribed medication. Therefore, the request is not medically necessary.

NORCO 10/325MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80, 91.

Decision rationale: The California MTUS guidelines state that opioids for neuropathic pain have been suggested for neuropathic pain that has not responded to first line recommendations (antidepressants and anticonvulsants). There are no trials of long term use. Hydrocodone is indicated for moderate to moderately severe pain. In the clinical notes provided for review, there is a lack of documentation of the efficacy of the use of Norco 10/325 mg. There is also lack of documentation of the frequency and duration of which the use of Norco is to be used. Therefore, the request is not medically necessary.

PAMELOR 10MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14.

Decision rationale: The California MTUS guidelines state that antidepressants for chronic pain are recommended as the first option for neuropathic pain, and has a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, fully tolerated, or contraindicated. In the clinical notes provided for review, there is a lack of documentation of the injured worker's efficacy of the prescribed medication of Pamelor. There is also a lack of documentation of the rationale for the use of Pamelor. Furthermore, the request lacks the frequency and duration of which the prescribed medication of Pamelor is to be taken. Therefore, the request is not medically necessary.