MAXIMUS Federal Services

Case Number:	CM13-0031917		
Date Assigned:	12/04/2013	Date of Injury:	03/10/2008
Decision Date:	02/05/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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.

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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 1, 2008. Thus far, the applicant has been treated with the following: Analgesic medications, transfer of care to and from various providers in various specialties; muscle relaxants; electrodiagnostic testing, apparently notable for chronic lumbar radiculopathies; prior shoulder subacromial decompression surgery; MRI imaging of the lumbar spine, apparently notable for spinal stenosis; adjuvant medications; and work restrictions. In a utilization review report of September 26, 2013, the claims administrator partially certified a prescription for Norco, reportedly for weaning purposes. An earlier note of September 12, 2013 is notable for comments that the applicant reports worsening low back pain radiating into the leg. An epidural steroid injection has resulted in 30% relief. The applicant is using four Norco a day to control her pain. She reports at least "50% functional improvement" with the usage of Norco versus not using it at all. Lyrica has also been helpful. The applicant states that she is using a TENS unit. She does exhibit a limp while walking. Norco and Lyrica are refilled. Work restrictions and a TENS unit are also endorsed. An earlier note of August 15, 2013 is again notable for comments that the applicant reports "at least 30% improvement" with the usage of medications versus not taking at all. This note appears to be identical to the more recent note. A rather proscriptive 10-pound lifting limitation is again endorsed. The attending provider does not detail what activities of daily living have been ameliorated as a result of ongoing opioid usage. An earlier note of July 18, 2013 is notable for comments that the applicant is no longer working as a truck driver due to the accident.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain affected as a result of ongoing opioid usage. In this case, however, the applicant does not clearly meet the aforementioned criteria. The applicant has failed to return to work. There is no clear evidence of improved performance of activities of daily living affected as a result of ongoing opioid usage. While the attending provider reports that the applicant's pain scores are reduced by 50% as a result of ongoing opioid usage, he has not detailed what activities of daily living have been ameliorated as a result of ongoing opioid usage. The progress notes did not recount how usage of opioids is clearly benefiting the applicant. Therefore, the request remains non-certified, on independent medical review

Lyrica 75mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, Lyrica or pregabalin is a first-line treatment for neuropathic pain. In this case, however, the applicant is seemingly using this particular agent without any clear evidence of functional improvement as defined in MTUS 9792.20(f). The applicant has failed to return to work. There is no evidence of diminishing work restrictions or improved performance of activities of daily living affected as a result of ongoing Lyrica usage. The applicant's leg pain seemingly persists. She has been unable to decrease her consumption of Norco as a result of introduction of Lyrica. She remains highly reliant on various forms of medical treatment, including epidural injections. Continuing Lyrica in this context is not indicated, given the lack of functional improvement as defined in MTUS 9792.20(f) affected through prior usage of the same. Therefore, the request is not certified.