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| Case Number: | CM13-0035969 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 07/26/2011 |
| Decision Date: | 02/14/2014 | UR Denial Date: | 10/07/2013 |
| Priority: | Standard | Application Received: | 10/18/2013 |

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 ABFP has a subspecialty in ABPM 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. 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 patient is a 54 yr old male who sustained a fall injury on 7/6/11 which resulted in back, left foot, and left hand pain. He had a partial tear of the posterior tibial tendon and had surgical repair in February 2012. He received extended amounts of physical therapy for persistent leg and back pain. In addition, he received epidural steroid injections for lumbar pain. Prior treatments of Norco use along with Neurontin provided relief for the pain. A urine drug screen on 5/7/13 indicated no Hydrocodone use despite having received prior prescriptions. An exam report on 7/22/13 noted tongue swelling due to Neurontin and the medications were subsequently changed to Lyrica. Norco was continued. An exam report on 8/30/13 demonstrated 3-4/10 pain in the ankle and back regions at which time Norco and Lyrica were continued. These medications were continued with monthly refills for ongoing pain management with the most recent request in December 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50 mg, 3 tablets at bedtime #90 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): s 19-20.

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

Decision rationale: According to the MTUS guidelines, Pregabalin (Lyrica®) (no generic available) has been documented to be effective in treatment of diabetic neuropathy and post-herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. In this case, the claimant does not have pain due to neuropathy or herpes. Alternatively, there is also no recent documentation of pain control and response to this medication. The continued use of Lyrica is not medically necessary.

Norco 5/325 mg 1 tablet QD #30 x 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): s 74-92.

Decision rationale: Norco (Hydrocodone) is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial bases for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Norco for many months with no improvement in pain scale. There is documentation of staged weaning and prior non-compliance. Prior to discontinuing, it should be determined that the patient has not had treatment failure due to causes that can be corrected such as under-dosing or inappropriate dosing schedule. Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. The patient should not be abandoned. In this case, there was one time non-compliance mentioned allowed for a "slip." It is appropriate to wean over a 30-day period. The claimant was taking 1-2 per day previously. However, there is no documentation of a weaning or tapering plan. The infrequent dosing schedule and the history of prior non-compliances does not necessitate medical appropriateness of continued Norco use.