

Case Number:	CM13-0055951		
Date Assigned:	12/30/2013	Date of Injury:	01/27/2005
Decision Date:	03/28/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/20/2013

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. 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 applicant has filed a claim for chronic neck, ankle, and knee pain associated with an industrial injury of January 27, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; and the apparent imposition of the permanent work restrictions. In a psychology note of December 2, 2013, the applicant is described as having ongoing issues with anxiety and depression. The applicant continues to receive psychological counseling and continues to have mood disturbance issue. The applicant has permanent restrictions in place. An October 28, 2013 note is notable for comments that the applicant is not working. The applicant is asked to continue Lyrica and Norco. The applicant is apparently asked to wean off of Pamelor. Little or no narrative commentary is provided. An earlier note of October 24, 2013 is notable for comments that the applicant reports 4 to 6/10 pain. Medications are providing 50% relief. The applicant is on Neurontin and Norco without side effects. The applicant is reportedly working four days a week, six hours a day, and is participating in activities of daily living, it is stated. A subsequent note of October 28, 2013 is notable for comments that the applicant's medications reportedly decrease pain by 60% and allow increases in terms of activity and home exercise. There were no side effects reported. It is stated that the applicant is not working at this time. Lyrica, Norco, and Pamelor are sought. Pamelor is apparently being employed for weaning purposes. An earlier note of February 21, 2013 is notable for comments that the applicant is not working. An April 29, 2013, note states that the applicant apparently attended a functional restoration program and is again not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 100MG #60: Upheld

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

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

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of Lyrica as a first-line treatment for neuropathic pain, in this case, as with the other drugs, the applicant has seemingly used this agent chronically and has failed to derive any lasting benefit or functional improvement through prior usage of the same. The applicant remains off of work, the bulk of the document suggests. Only one progress note stated that the applicant was working, while the majority of the progress notes in question stated that the applicant was not working at various points in early, mid, and late 2013. There is no clear evidence of improved performance of non-work activities of daily living effected as a result of ongoing Lyrica usage. The applicant seemingly remains highly reliant on various medications, psychological counseling, and other medical treatments. Continuing Lyrica, then, on balance, is not indicated. Therefore, the request is not certified.

NORCO 10/325 #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): 99.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of Lyrica as a first-line treatment for neuropathic pain, in this case, as with the other drugs, the applicant has seemingly used this agent chronically and has failed to derive any lasting benefit or functional improvement through prior usage of the same. The applicant remains off of work, the bulk of the document suggests. Only one progress note stated that the applicant was working, while the majority of the progress notes in question stated that the applicant was not working at various points in early, mid, and late 2013. There is no clear evidence of improved performance of non-work activities of daily living effected as a result of ongoing Lyrica usage. The applicant seemingly remains highly reliant on various medications, psychological counseling, and other medical treatments. Continuing Lyrica, then, on balance, is not indicated. Therefore, the request is not certified.

NEUROTIN 100MG #90 WITH 1 REFILL: Upheld

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

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

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should clearly document favorable outcomes in terms of pain relief and function so as to justify ongoing usage of Neurontin so as to justify continuing the same. In this case, as noted above, the documentation on file is sparse and difficult to follow. Some of the documentation is, at times, contradictory, particularly as it relates to the applicant's work status. There is no clear statement as to how ongoing Neurontin usage has been beneficial here. It is not clearly stated why the applicant is using two separate anticonvulsant agents, Neurontin and Lyrica. For all the stated reasons, then, the request is not certified.