

Case Number:	CM13-0063268		
Date Assigned:	12/30/2013	Date of Injury:	05/09/2001
Decision Date:	05/07/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/10/2013

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 Geriatrics and is licensed to practice in New York. 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 man with a date of injury of 5/9/01. He was seen by his pain medicine physician on 11/5/13 with complaints of low back and neck pain with radiation to his extremities. His pain was 8-10/10 with medications. His physical exam showed an antalgic gait with use of a cane. He had reduced range of motion in this lumbar spine due to pain in the L4-S1 levels with muscle spasm in the paraspinal muscles. His motor and sensory exam were unchanged. Prior lumbar and cervical MRIs were reviewed with the worker. His diagnoses included lumbar radiculopathy, depression, anxiety, left knee and foot pain and history of dental damage. His medications included naproxen, norco and lyrica. The latter two are at issue in this review.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This injured worker has chronic neck and back pain with an injury sustained in 2001. His medical course has included use of several medications including narcotics and NSAIDs. Per the chronic pain guidelines for opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The long-term efficacy of opioids for chronic back pain is unclear but appears limited. The narcotic is denied as not medically necessary.

LYRICA 75MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs)..

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

Decision rationale: Pregabalin or 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. The medical records fail to document any improvement in pain, functional status or side effects to justify long-term use. He is also receiving opioid analgesics and NSAIDs. The Lyrica is not medically necessary.