

Case Number:	CM13-0070868		
Date Assigned:	01/08/2014	Date of Injury:	07/01/2003
Decision Date:	04/30/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/26/2013

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, has a subspecialty in Pain Management 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 patient is a 40-year-old male who reported an injury on 07/01/2003. The mechanism of injury was not stated. The patient is currently diagnosed with failed back surgery syndrome, lumbar facet arthropathy, lumbar radiculopathy, and lumbar degenerative disc disease. The patient was seen on 12/06/2013. The patient reported 5/10 pain. The patient reported improvement with physical therapy. Current medications include Norco, Cymbalta and Flexeril. Physical examination on that date revealed limited lumbar range of motion, moderate tenderness to palpation over bilateral SI joints and upper buttocks, positive straight leg rising bilaterally, and positive Patrick's testing. There was also dysesthesias noted along the lateral right leg from the hip to the heel and the entire left leg and foot. Treatment recommendations at that time included prescriptions for Norco, Neurontin and Cymbalta

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. As per the documentation submitted, the patient has utilized Norco 10/325 mg since 01/2013. Despite the ongoing use of this medication, the patient continues to report 5/10 pain. The patient also reported a frequent flare up of symptoms with persistent insomnia and muscle spasms. There was no change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received, the request is non-certified.

LYRICA 50 MG # 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines Page(s): 16-20.

Decision rationale: The California MTUS Guidelines state that anti epilepsy drugs are recommended for neuropathic pain. Lyrica has been documented to be effective in the treatment of diabetic neuropathy and post herpetic neuralgia. As per the documentation submitted, the patient was issued a prescription for Lyrica 50 mg on 11/08/2013. However, the patient's current medication list on 12/06/2013 includes Norco, Cymbalta and Flexeril. The patient was also issued a prescription for Neurontin on 12/06/2013. The medical necessity for 2 separate anti epilepsy drugs has not been established. There is no evidence of this patient's current utilization of this medication. Based on the clinical information received, the request is non-certified.

CYMBALTA 60 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines Page(s): 13-16.

Decision rationale: The California MTUS Guidelines state that Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy and fibromyalgia. It has also been used off label for neuropathic pain and radiculopathy. There was no quantity listed in the current request; therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.

UNKNOWN PRESCRIPTION NEURONTIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines Page(s): 16-18.

Decision rationale: This is a nonspecific request that does not include a dosage, frequency or quantity. Therefore, the current request is not medically appropriate and is non-certified.

FLEXERIL 10 MG 1 PRESCRIPTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state that muscle relaxants are recommended as non-sedating second-line options for the short-term treatment of acute exacerbations. There is no quantity listed in the current request. Therefore, the request is not medically appropriate. As such, the request is non-certified.

SENNA UNKNOWN PRESCRIPTION 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines Page(s): 77.

Decision rationale: The California MTUS Guidelines state that prophylactic treatment of constipation should be initiated when also initiating opioid therapy. The current request is nonspecific and does not include a dosage, frequency or quantity. Therefore, the request is non-certified.