

Case Number:	CM14-0006925		
Date Assigned:	02/07/2014	Date of Injury:	04/10/2006
Decision Date:	08/04/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/17/2014

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 Physical Medicine and Rehabilitation 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 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 47-year-old male who reported an injury on 04/10/2006. The mechanism of injury was not provided within the documentation for review. The injured worker's prior treatments were noted to be acupuncture, injections, surgery, orthotics, and medication. The injured worker's diagnoses were noted to be posterior tibial nerve disorder and plantar fasciitis. The injured worker had a clinical evaluation on 01/30/2014. The injured worker's complaints included continuous pain and tingling in his foot, numbness and tingling in his heel, and new pain in the center of the heel and the center of the arch. The injured worker indicated pain varies between 6 and 8 on a scale of 1 to 10. The injured worker stated Lyrica had been the best intervention for his pain management. The physical examination provided a normal range of motion values and normal motor strength numbers. It was noted there was a slight loss of sensation on the right heel with positive Tinel's sign and plantar fascia. There was positive tingling on palpation of the tarsal tunnel on the right. There was pain on palpation of the plantar central of the right heel. The treatment plan was for medications and a new pair of custom orthotics. The provider's rationale for the request for Lyrica was provided within the documentation dated 01/30/2014. The Request for Authorization for Medical Treatment was included for Lyrica and dated 01/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #90: 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 Opioids, On-Going Management, page(s) 78 Page(s): 78.

Decision rationale: The request for Norco 5/325 mg quantity: 90 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4As (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behavior). The monitoring of these outcomes overtime should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain, intensity of pain after taking the opioid; how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. It is noted in the documentation the injured worker has been using Norco since at least 06/14/2012. The pain assessment provided is inadequate. It is not noted the efficacy of Norco. It is not noted that there has been a recent urine drug screen. The assessment provided does not indicate side effects. In addition, the request for Norco fails to provide a frequency. Therefore, the request for Norco 5/325 mg quantity: 90 is not medically necessary.

Lyrica: 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 Antiepilepsy drugs, page(s) 19-20 Page(s): 19-20.

Decision rationale: The request for Lyrica is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines state Lyrica has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia. The FDA has approved for both indications and it is considered a first-line treatment for both. The injured worker does not have a diagnosis of diabetic neuropathy or postherpetic neuralgia. In addition, the request for Lyrica fails to provide a dose and fails to provide a frequency. Therefore, the request for Lyrica is not medically necessary.