

Case Number:	CM14-0008120		
Date Assigned:	02/12/2014	Date of Injury:	10/01/1997
Decision Date:	09/29/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/22/2014

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 Neurological Surgery 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 claimant is a 64-year-old female who was injured on October 1, 1997. The clinical progress note, dated January 2, 2014, indicates that the claimant returns and is "doing reasonably well." The claimant does have complaints of neck pain rating to the right shoulder, but there is no pain with motion of the right shoulder. Additionally, there are complaints of low back pain rating to the left lower extremity, but most of the time "the pain is reasonably controlled." The current medication regimen is documented as improving function particularly with ADLs. This medication the claimant's pain is kept at 2-3/10. The physical examination from this visit documents a normal sensory examination with the exception of tingling dysesthesia with tapping ongoing surgical scar on the left wrist. There is no documentation of a positive Spurling's test were straight leg raise further findings consistent with neuropathic pain. A subsequent letter of appeal dated January 22, 2014 indicates that there is evidence of neuropathic pain in the left hand following the previous operative intervention. The utilization review in question was rendered on January 15, 2014. The reviewer certified to request for OxyContin, and modified the request for Norco from 120 tablets to 66 tablets for weaning. The request for Lyrica was also modified for weaning. The reviewer notes that recent evaluations have not shown functional improvement or improvement in pain with the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96.

Decision rationale: The California Medical Treatment Utilization Schedule supports continued use of opiate medication when there is documented improvement in pain or improvement in function. Based on the clinical documentation provided, both of these have been documented for the injured. As such, the request is considered medically necessary.

LYRICA 50 MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (Pregabalin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22.

Decision rationale: According to the California Medical Treatment Utilization Schedule, Anti-epilepsy drugs, including Lyrica, are considered first-line medications for the treatment of neuropathic pain. Based on clinical documentation provided, there is evidence of neuropathic pain on the letter of appeal. As such, the request is considered medically necessary.