

Case Number:	CM14-0008478		
Date Assigned:	02/12/2014	Date of Injury:	08/30/2006
Decision Date:	06/24/2014	UR Denial Date:	01/09/2014
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 Internal Medicine and is licensed to practice in Texas. 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 62-year-old male injured on 08/30/2006 when he sustained a closed head injury due to an unknown mechanism of injury. The documentation indicates that the injured worker complains of frequent headaches and neck pain with radiation into the left shoulder and left upper extremity. The clinical note dated 12/30/13 indicated that the injured worker described the pain as sharp stabbing pain, not relieved by Morphine or Toradol with a history of bulging discs in the neck. The injured worker frequently experiences severe nausea and vomiting with migraine headaches. The medications include Zomig spray, Lyrica 75mg twice daily, Soma 350mg three (3) times daily, and Percocet 10/325mg. The clinical note dated 12/30/2013, and other most recent clinical notes were handwritten and largely illegible. The initial request for thirty (30) Percocet 10/325mg and one (1) prescription of Lyrica 75mg was initially non-certified on 01/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 PERCOCET 10/325 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OXYCODONE/ACETAMINOPHEN, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES 9792.20, OPIOIDS, CRITERIA FOR USE Page(s): 77.

Decision rationale: The Chronic Pain Guidelines indicate that patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented Visual Analogue Scale (VAS) pain scores for this injured worker with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of thirty (30) Percocet 10/325mg cannot be established at this time.

1 PRESCRIPTION OF LYRICA 75 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PREGABALIN, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES PREGABALIN (Lyrica®), Page(s): 99.

Decision rationale: The Chronic Pain Guidelines indicate that Pregabalin (Lyrica®) has been documented to be effective in treatment of diabetic neuropathy, postherpetic neuralgia, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. There is no indication in the documentation that the injured worker has been diagnosed with fibromyalgia or has objective findings consistent with neuropathic pain. Additionally, there is no indication of the reassessment of the benefit associated with the use of Lyrica. As such, the request for one (1) prescription of Lyrica 75mg cannot be recommended as medically necessary.