

Case Number:	CM14-0100867		
Date Assigned:	07/30/2014	Date of Injury:	04/30/2010
Decision Date:	09/12/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/30/2014

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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 48-year-old female with a reported date of injury on 04/30/2010. The injury reportedly occurred when the injured worker moved a sitting stool to the side with her left foot. Her diagnoses were noted to include complex regional pain syndrome to the left lower extremity, post traumatic osteoarthritis with residuals, third metatarsal phalangeal joint status post hammer toe arthroplasty, with removal of endochondroma and residual edema and pain. Her previous treatments were noted to include physical therapy, surgery, and medications. The progress note dated 04/07/2014 revealed the injured worker complained of reduced pain, swelling, and lack of endurance. Her medication regimen was noted to include Lyrica 50 mg at 2 hours of sleep and hydrocodone 10 mg at 1 hour of sleep. The physical examination of the lower extremity and with motor strength was noted to have decreased strength on the left of the extensor digitorum longus and flexor digitorum longus. There was no pain in her heels at the time. However, she stated that she had pain at the end of her shift where the Achilles inserts into the back of the leg. The injured worker did have some symptomology in the sinus tarsi and peroneal tendons bilaterally. The examination of the metatarsophalangeal joints noted on the left a minimal range of motion and pain, as well as swelling and deformity. The range of motion was noted to be diminished. The neurological examination revealed increased temperature and mild allodynia. The Request for Authorization form dated 05/23/2014 was for Norco 10/325 #90 and Lyrica 50 mg #60 as need for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The request for Norco 10/325 mg quantity 90 is not medically necessary. The injured worker has been utilizing this medication since at least 06/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also states that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is a lack of documentation regarding evidence of decreased pain on a numerical scale with the utilization of medications. There is a lack of documentation regarding improved functional status with activities of daily living with the use of medications. There is a lack of documentation regarding adverse effects with the use of medications. There is a lack of documentation regarding aberrant drug taking behaviors, and as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of evidence regarding significant pain relief, improved functional status, side effects, and without details regarding the urine drug testing to verify appropriate medication use in the absence of aberrant behavior, the ongoing use of opiate medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

Lyrica 50mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 37-38.

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

Decision rationale: The request for Lyrica 50 mg quantity 60 is not medically necessary. The injured worker has been utilizing this medication since at least 06/2013. The California Chronic Pain Medical Treatment Guidelines recommend antiepilepsy drugs for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized control trials for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy. There are few randomized control trials directed at central pain, and none for painful radiculopathy. There is a lack of documentation regarding efficacy of this medication and there is a lack of clinical findings consistent with neuropathic pain. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

