

Case Number:	CM14-0106792		
Date Assigned:	07/30/2014	Date of Injury:	12/19/1995
Decision Date:	10/06/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/10/2014

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 Nevada. 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 records presented for review indicate that this 61-year-old female was reportedly injured on December 19, 1995. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 26, 2014, indicates that there are ongoing complaints of cervical spine pain and headaches. Current medications are stated to reduce pain and improve function. The physical examination demonstrated tenderness at the cervical thoracic junction and decreased cervical spine range of motion. And upper extremity neurological examination indicated decreased sensation any non-anatomic distribution. There was a diagnosis of a pseudoarthrosis and C6 - C7 and T1 - T2. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a cervical spine surgery with fusion from C3-T2, physical therapy, epidural steroid injections, the use of a TENS unit and an H wave unit, chiropractic care, massage, acupuncture, ice/heat, trigger point injections, dry needling, this spinal cord stimulator, and intrathecal pain pump, and oral medications. A request had been made for Norco, Lyrica, and methadone and was not certified in the pre-authorization process on June 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #230 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco 10/325mg #230 with 3 refills is not medically necessary and appropriate.

Lyrica 75mg #90 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19, 99.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines anticonvulsants such as Lyrica are indicated for the treatment of neuropathic pain. The progress note dated June 4, 2014, states that Lyrica helps with over 50% of the injured employee's neuropathic pain. As such, this request for Lyrica 75mg #90 with 3 refills is medically necessary and appropriate.

Methadone 10mg #111: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps for prescribing Methadone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

Decision rationale: A review of the attached medical record indicates that the prescriber is weaning the injured employee from methadone. This current requested dosage of methadone is not consistent with the weaning process. As such, this request for Methadone 10mg #111 is not medically necessary and appropriate.

Methadone10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps for prescribing Methadone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

Decision rationale: A review of the attached medical record indicates that the prescriber is weaning the injured employee from methadone. This current requested dosage of methadone is not consistent with the weaning process. As such, this request for Methadone 10mg #120 is not medically necessary and appropriate.