

Case Number:	CM14-0017056		
Date Assigned:	04/16/2014	Date of Injury:	03/26/2004
Decision Date:	05/28/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/10/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 66-year-old female who reported injury on 03/26/2004. The mechanism of injury was not provided. The diagnosis included osteoarthritis localized primarily involving lower leg, degeneration of lumbar or lumbosacral intervertebral disc, sprain of the lumbar region, and other postsurgical status. The injured worker's medication history included Norco and Terocin as of 03/2013, and Lyrica was added in 08/2013. The documentation of 01/02/2014 revealed the injured worker was having pain with the left knee. The injured worker indicated that she had some good success with the use of Lyrica for the low back pain because of radicular symptoms that existed. The treatment plan included a refill of Lyrica, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 150 MG #60 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Antiepileptic Drugs Page(s): 16.

Decision rationale: California MTUS Guidelines recommend antiepileptic medications as a first-line treatment for chronic pain. There should be documentation of objective functional

improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had utilized the medication for greater than 4 months and had good relief. However, there was a lack of documentation of objective functional improvement and an objective decrease in the pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lyrica 150 mg #60 with 2 refills is not medically necessary. The request failed to indicate the necessity for 2 refills without re-evaluation.

NORCO 10/325MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 9,74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Medications For Chronic Pain,Opioids Page(s): 60,78,86.

Decision rationale: California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 9 months. There was a lack of documentation of the above criteria. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #120 is not medically necessary.