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| Case Number: | CM14-0017792 | | |
| Date Assigned: | 04/16/2014 | Date of Injury: | 09/19/2002 |
| Decision Date: | 06/03/2014 | UR Denial Date: | 01/25/2014 |
| Priority: | Standard | Application Received: | 02/12/2014 |

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 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 patient has filed a claim for cervicalgia associated with an industrial injury of September 19, 2002. Thus far, the patient has been treated with physical therapy, non-steroidal anti-inflammatory drugs (NSAIDs), injections, Duragesic patches, promethazine, muscle relaxants, lamictal, and opioids. The patient is status post cervical fusion. A review of progress notes reports chronic stable neck, shoulder, and arm pain, and medications provide moderate relief. There is restricted cervical range of motion and tenderness of the cervical region. The utilization review dated January 24, 2014 indicates that the claims administrator denied a request for Norco 10/325mg #120 as patient is taking opioids above the recommended 120 MED level with continued pain and no objective improvement, and thus weaning has been initiated; and Lamictal 100mg #60 as it is indicated for use for trigeminal neuralgia, human immunodeficiency virus (HIV), and central post-stroke pain for which the patient does not have, and thus weaning has been initiated as well. –

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF #120 NORCO 10/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, specific drug list, Criteria for use, and weaning.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on this medication since at least July 2013. There is modified authorization for Norco for #66 dated April 01, 2014 for a weaning process. An appeal dated January 27, 2014 notes that the patient requires higher doses due to tolerance or to a more severe problem, and that current opioid dosing regimen enables the patient to perform activities of daily living with a fair degree of comfort. However, with decreasing amounts of Norco authorized in the recent months, the subjective and objective findings in the patient remain unchanged. There is no indication for the need to increase the dosage of Norco from the previously authorized dosing regimen. Therefore, the request for Norco 10/325mg #120 was not medically necessary per MTUS guidelines.

1 PRESCRIPTION OF #60 LAMICTAL 100MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section anti-epilepsy drugs (AEDs) for pain..

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

Decision rationale: As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, anti-epilepsy drugs are recommended for neuropathic pain. Outcomes with at least 50% reduction of pain are considered good responses while those with 30% reduction may consider another or additional agent. Lamotrigine (Lamictal) has been proven to be moderately effective for treatment of trigeminal neuralgia, human immunodeficiency virus (HIV), and central post-stroke pain. The patient has been on this medication since at least July 2013. There is however no documentation regarding neuropathic pain, or trigeminal neuralgia, HIV, and central post-stroke pain. Therefore, the request for Lamictal 100mg #60 was not medically necessary.