

Case Number:	CM14-0113422		
Date Assigned:	08/01/2014	Date of Injury:	03/03/2008
Decision Date:	10/23/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/21/2014

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:

This 52 year old patient had a date of injury on 3/3/2008. The mechanism of injury was not noted. In a progress noted dated 6/16/2014, the patient complains of low back pain with radiation to lower extremities. He describes his low back pain as aching in nature, he claims his pain is 10/10 on pain scale, and there is minimal benefit from medications. He is not working full time. On a physical exam dated 6/16/2014, cervical flexion is 30 degrees with discomfort. Full shoulder motion is accompanied by trapezius tenderness and pain. The diagnostic impression shows displacement cervical intervertebral disc without myelopathy, cervical discopathy, lumbar discopathy, status post lumbar spine surgery on 1/18/2014. Treatment to date: medication therapy, behavioral modification, spine surgery on 1/18/2014. A UR decision dated 7/10/2014 denied the request for Norco 10/325 #60 1BIDx2, stating there was no documentation of pain relief or functional improvement, and 20 tablets for weaning is appropriate. Lyrica 75mg #60 1BIDx2 was denied, stating that there was no there is no objectification of either a diabetic neuropathy or postherpetic neuropathy, and 15 tablets is appropriate for weaning. Ambien 10mg #30 1HSx2 was denied, stating that this patient appears to be on this medication chronically, and guidelines do not support long term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, quantity 60, 1 by mouth two times a day, 2 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the 6/16/2014 progress report, there was no evidence of functional improvement noted from the opioid regimen. The patient rates his pain as 10/10 on the pain scale, and claims there is minimal relief from medications. Therefore, the request for Norco 10/325 #60 1BIDx2 was not medically necessary.

Lyrica 75mg, quantity 60, 1 by mouth twice a day, 2 refills.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20.

Decision rationale: MTUS states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. In the 6/16/2014 progress report, there was no evidence of functional improvement noted from the analgesic regimen. The patient rates his pain as 10/10 on the pain scale, and claims there is minimal relief from medications. Therefore, the request for Lyrica 75mg 1BID #60x2 was not medically necessary.

Ambien 10mg, quantity 30, 1 by mouth at bedtime, 2 refills.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ambien

Decision rationale: CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. In the documentation provided, this patient has been on Ambien since at least 3/7/2014, and guidelines do not support term use. There was clear rationale provided regarding the medical necessity of this medication duration beyond 2-6 weeks for the treatment of insomnia. Therefore, the request for Ambien 10mg #30 1hs x2 was not medically necessary.