

Case Number:	CM14-0145337		
Date Assigned:	10/15/2014	Date of Injury:	05/09/1991
Decision Date:	11/18/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/08/2014

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, has a subspecialty in Interventional Spine 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 is a 58-year-old male with a date of injury of 05/09/1991. The listed diagnoses as of 08/13/2014 are: post lumbar laminectomy syndrome; lumbar radiculopathy; and lumbar spondylosis. According to this report, the patient complains of low back pain and referred left leg pain. The patient rates his pain with medication at 3/10 and at 10/10 without medication. He states that he is taking his medications as prescribed and that they are working well. The treater references 2 CURES reports from 06/18/2014 and 07/15/2014 that showed consistent results. The examination shows the patient is well developed and well nourished, in moderate pain and mild distress. Range of motion in the thoracic spine is restricted with flexion and extension. Upon inspection of the lumbar spine, there is a loss of normal lordosis with straightening of the lumbar spine and surgical scars. Range of motion is also restricted in the lumbar spine. The patient can walk on heels and toes. Lumbar facet loading is positive on the left side. Motor strength of EHL is 5/5 on the right and 5-/5 on the left. Sensory examination shows decreased sensation to pinprick over L5 and S1 lower extremity dermatomes on the left side. Deep tendon reflexes are normal and equal on both sides. Straight leg raise test is positive on the left side. The utilization review denied the request on 08/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids and On-Going Management Page(s): 88-89 and 78.

Decision rationale: This patient presents with low back pain and referred left leg pain. The treater is requesting Norco 10/325 mg quantity 120. For chronic opiate use, the MTUS Guidelines on pages 88 and 89 discuss the criteria for use of opioids, stating, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS guidelines on page 78 on ongoing management also require documentation of the 4 A's - analgesia, ADLs (activities of daily living), adverse side effects, and aberrant drug-seeking behavior - as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed Norco on 03/20/2014. The 08/13/2014 report notes that the patient's pain with medication is 3/10 and without medication is 10/10. The treater further notes, "The patient reports the following side effects: some fatigue on occasion. The patient states he is taking his medications as prescribed. He still has pain symptoms on a continuous basis, but they are alleviated somewhat by current medications. He understands that his symptoms will not be completely eliminated by pain medications." In the same report, the treater references 2 CURES reports from 06/18/2014 and 07/15/2014 that showed consistent results. There are no specifics regarding ADL's, no mention of quality of life changes, no discussions regarding "pain assessments" as required by MTUS. For chronic opiate use, stringent documentation of pain and functional changes are required. Given the lack of sufficient documentation - in particular, adequate documentation of functional improvement - the request is deemed not medically necessary.

Soma: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: This patient presents with low back pain and referred left leg pain. The treater is requesting Soma. The MTUS Guidelines page 29 regarding Carisoprodol (Soma) state that it is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed centrally acting skeletal muscle relaxant whose primary active metabolite is Meprobamate (schedule IV controlled substance). The record shows that the patient was prescribed Soma on 03/20/2014. In this case, Soma is not indicated for long-term use based on the MTUS Guidelines. Therefore, the request is not medically necessary or appropriate.

Lyrica 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic Drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) - Pregabalin (Lyrica) Page(s): 19-20.

Decision rationale: This patient presents with low back pain and referred left leg pain. The treater is requesting Lyrica 150mg, quantity #60. The MTUS Guidelines regarding Lyrica state, "Has been documented to be effective for the treatment of diabetic neuropathy and postherpetic neuralgia. This medication also has an anti-anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder." The record shows that the patient was prescribed Lyrica on 03/20/2014. MTUS page 60 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The 08/13/2014 report notes, "The patient is taking his medications as prescribed. He states that his medications are working well." In this case, the treater has documented medication efficacy, and the continued use of Lyrica is reasonable. The documentation requirement for non-opiate pain medication is not as stringent as for opiates according to MTUS. This request is medically necessary and appropriate.