

Case Number:	CM14-0034856		
Date Assigned:	06/20/2014	Date of Injury:	04/17/2002
Decision Date:	08/12/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/20/2014

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 injured worker is a 37-year-old male was reportedly injured on April 17, 2002. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated January 16, 2014, indicated that there were ongoing complaints of back pain. The physical examination demonstrated tenderness along the lumbar paraspinal muscles with spasms. There were positive straight leg raise test on the right, normal lower extremity reflexes, decreased sensation along the right anterolateral thigh, and decreased muscle strength with extensor hallucis longus extension at 4+/5. A request had been made for Norco, Lyrica, docusate sodium and Lidoderm and was not certified in the pre-authorization process on February 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, #180 with 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): 74-78.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. California Medical Treatment Utilization Schedule Chronic Pain Medical

Treatment Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include 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, and although there was a documented decrease of the injured employee's pain, there was no comment regarding any improvement in the ability to function, return to work, or participate in activities of daily living with the current regimen. As such, this request for Norco is not medically necessary.

Lyrica 200mg, #60 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

Decision rationale: According to the medical record, the injured employee has neuropathic symptoms, which are documented by physical examination. Lyrica is an anti-epileptic medication indicated as a first-line treatment for neuropathic pain. There was documented pain relief with the use of this medication. The previous utilization management review did not certify the use of this medication stating that there was no documentation of functional improvement; however, this is not a requirement for this medication according to the California Chronic Pain Medical Treatment Guidelines. Therefore, this request for Lyrica is medically necessary.

DSS (Docusate Sodium) 250mg, #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p.

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

Decision rationale: Docusate sodium is a medication often used to treat constipation secondary to narcotic medication usage. As the accompanying request for Norco has been found not to be medically necessary, so is this request for DSS sodium.

Lidoderm 5%, #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines supports the use of topical lidocaine for individuals with neuropathic pain who have failed treatment with first-line therapy including antidepressants or anti-epileptic medications. Based on the clinical documentation provided, the injured employee is concurrently prescribed Lyrica with documented pain relief. Considering this, it is unclear why there is also a request for Lidoderm. Without additional justification, this request for Lidoderm is not medically necessary.