

Case Number:	CM14-0035006		
Date Assigned:	06/23/2014	Date of Injury:	01/17/2013
Decision Date:	08/19/2014	UR Denial Date:	02/15/2014
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 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 injured worker is a 44-year-old male who reported an injury on 01/17/2013. The mechanism of injury was reported as falling from 4 feet of scaffolding. The diagnoses included status post open reduction and internal fixation left hip and chronic left hip pain. Prior therapies included surgery, physical therapy, and medications. Per the 01/09/2014 progress report, the injured worker reported a pain level of 8+/10 without medications and 2+/10 with medications. It was noted the improvement from medications lasted for about 4 to 6 hours. The injured worker's medication regimen included Norco 10/325 mg and Lyrica. It was noted a urine drug screen was performed on 11/13/2013. The provider recommended a referral to evaluate the potential adverse effects of the injured worker's pharmacotherapy and/or for addictionology counseling. Per the 02/06/2014 progress report, the injured worker reported a pain level of 8/10 without medication and after taking medications was 1/10 inside and 10/10 outside. The treatment plan included Norco 10/325 mg and Lyrica 75 mg. The request for authorization for cognitive behavioral pharmacotherapy was submitted on 01/22/2014. The request for authorization for Norco and Lyrica was undated and unsigned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (pregabalin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), page(s) 16-22 Page(s): 16-22.

Decision rationale: The request for Lyrica 75 mg quantity 60 is not medically necessary. The California MTUS Guidelines recommend anti-epilepsy drugs for neuropathic pain. After initiation of treatment, there should be documentation of pain relief and improvement in function, as well as documentation of side effects incurred with use. Regarding Lyrica, the guidelines state it 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. The medical records provided indicate an ongoing prescription for Lyrica since at least 12/11/2013. The injured worker reported his pain level before taking medications as 8/10 and after taking medications as 1/10 inside and 10/10 outside. There is a lack of documentation regarding subjective complaints and objective findings to indicate neuropathic pain. From the pain levels reported, the efficacy of the medication cannot be determined. Based on this information, the request is not supported. As such, the request for Lyrica 75 mg #60 is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 76-80 Page(s): 76-80.

Decision rationale: The request for Norco 10/325 mg quantity 60 is not medically necessary. The California MTUS Guidelines state for opioid management there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records provided indicate an ongoing prescription for Norco since at least 09/17/2013. The injured worker reported a pain level before taking medications as 8/10 and after taking medications as 1/10 inside and 10/10 outside. A urine drug screen performed 11/13/2013 was consistent with the injured worker's medications. There is a lack of documentation regarding clear pain relief and objective functional improvements. The injured worker reported he wished to taper off his medication. Based on this information, the request is not supported. As such, the request for Norco 10/325 mg quantity 60 is not medically necessary.

Referral to Evaluate for Potential adverse effects of Pharmacy / addictionology counseling.:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 76-80 Page(s): 76-80.

Decision rationale: The request for a referral to evaluate for potential adverse effects of pharmacy/addictionology counseling is not medically necessary. The California MTUS Guidelines recommend considering an addiction medication consult if there is evidence of substance abuse. If there are repeated violations from the medication contract or any other evidence of abuse, addiction, or possible diversion, it has been suggested that a patient show evidence of a consult with a physician that is trained in addiction to assess the ongoing situation and recommend possible detoxification. The medical records provided indicate an ongoing prescription for Norco since at least 09/17/2013. It was noted the injured worker wished to taper off his medications. The injured worker reported no adverse effects from his medications. There is no indication the injured worker was misusing his medications or that the provider suspected him of misuse. There is no indication of any aberrant drug-taking behavior to warrant an addictionology consult. Based on this information, the request is not supported. As such, the request for a referral to evaluate for potential adverse effects of pharmacy/addictionology counseling is not medically necessary.