

Case Number:	CM14-0040766		
Date Assigned:	06/27/2014	Date of Injury:	01/08/2007
Decision Date:	08/19/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/06/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 41-year-old female who reported an injury on 01/08/2007 while pushing carts of mats. Her medications included Vicodin and Flexeril. Prior diagnostics include an x-ray in 01/2007 indicating minor scoliosis and mild disc space narrowing at L4-5 and L5-S1 and a lumbar MRI was done on 05/08/2007 indicating central disc protrusion at L5-S1 and a small disc protrusion at L4-5 with associated mild facet arthropathy. She was diagnosed with degenerative disc disease and 2 level disc protrusions worsened at L5-S1 greater than at L4-5. Prior treatment has lumbar epidural steroid injections and physical therapy. On 01/16/2014, the injured worker continued to complain of low back pain that radiated to the right buttock, right anterior and posterior thigh, right calf and right foot. There was not a VAS score provided. On examination, the injured worker was noted to have decreased sensation in the right S1 distribution with 0/4 deep tendon reflexes of the bilateral Achilles. Straight leg raise was positive on the right. It was recommended the injured worker continue with medications which included Lyrica, Hydrocodone/Acetaminophen 7.5/325, Lyrica 100mg and Naproxen 500mg. The physician provided no rationale for these medications. A request for authorization form was submitted for review on 03/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100mg: 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): 16-19.

Decision rationale: The California MTUS Guidelines note this medication is a first line treatment for neuropathic pain and fibromyalgia. There is no established trial period, but the onset of action is thought to be less than one week. The injured worker has been on this medication since 2009 and although the injured worker is noted to have findings of radiculopathy, the clinical information submitted lacked documentation of a VAS (visual analogue scale for pain) score of the injured worker's improvement in pain and functional improvement as a result of this medication to support continued use. The request as submitted did not include a frequency or quantity. As such, the request of Lyrica 100mg is not medically necessary and appropriate.

Naproxen 500mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, Naproxen Page(s): 66.

Decision rationale: California MTUS Guidelines for naproxen note this medication is a nonsteroidal anti-inflammatory drug used for the relief of signs and symptoms of osteoarthritis. MTUS guidelines also note this Non-Steroid Anti-Inflammatory Drug (NSAID) is recommended for short-term use of four to 12 weeks. The injured worker has not been diagnosed with osteoarthritis. The injured worker was prescribed this medication on 02/18/2009 after reporting her pain at 6/10 on the VAS (visual analogue scale for pain). The documentation provided did not indicate an improvement with activities of daily living, pain, and range of motion as a result of this medication to support continuation. Also, the request as submitted failed to provide the frequency and quantity of the medication. As such, the request of Naproxen 500mg is not medically necessary and appropriate.

Loratadine 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Rx List, Claritin.

Decision rationale: RxList.com notes Claritin is used for chronic idiopathic urticaria and allergic rhinitis. The injured worker was not been diagnosed with either disease process nor has

she reported signs and symptoms of allergic rhinitis or idiopathic urticaria. Additionally, the submitted request does not include the quantity and frequency of this medication. As such, the request of Loratadine 10mg is not medically necessary and appropriate.

Hydrocodone/Acetaminophen 7.5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: California MTUS Guidelines for opioids and their ongoing management state this medication is a fast acting Non-Steroid Anti-Inflammatory Drug (NSAID). It is used to control pain. Prescriptions should be from a single practitioner, taken as directed, and all prescriptions should be from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. During the physician's visit, there should be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. These Guidelines come under the domains of the 4 A's which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The injured worker should provide a pain diary to include entries such as pain triggers and incidents of end of dose pain. The use of drug screening or impairment treatment with issues of abuse, addiction, or poor pain control should be addressed. There should be a documentation of misuse of medications. There should also be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually considered for the condition or pain if it does not improve in 3 months. As this medication should present an improvement of pain within 3 months, it is evident after years of taking this medication the injured worker shows no signs or symptoms of improvement in pain or activities of daily living thereby questioning the efficacy of this medication. The physician has not provided documentation pertaining to adequate and complete pain assessment. Additionally, the submitted request does not include the quantity and frequency of this medication. As such, the request of Hydrocodone/Acetaminophen 7.5/325mg is not medically necessary and appropriate.