

Case Number:	CM14-0042272		
Date Assigned:	06/30/2014	Date of Injury:	10/01/2001
Decision Date:	09/05/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/08/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 1, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; adjuvant medication; earlier lumbar fusion surgery; epidural steroid injection therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated April 4, 2014, the claims administrator partially certified a request for Norco, apparently for weaning purposes, denied Lyrica outright, and denied a diagnostic myofascial injection. The claims administrator stated that neither Norco nor Lyrica had been efficacious and therefore failed to approve the same. The applicant's attorney subsequently appealed. In a March 3, 2014 progress note, the applicant presented with persistent complaints of low back pain status post earlier lumbar fusion surgery and status post earlier gastric bypass surgery. The applicant had a chronic left lower extremity radiculopathy, it was stated. The applicant had persistent complaints of low back pain radiating into left leg. The applicant's medication list included Lyrica, Norco, Cymbalta, and Protonix, it was stated. Overall level of pain was 8/10. The applicant stated that earlier discontinuing of medications had worsened his pain. The applicant exhibited lower extremity strength ranging from 4 to 5-/5 to 5/5 with positive straight leg raising noted about the left leg. The attending provider nevertheless stated that the applicant had some elements of radicular pain and myofascial pain. The attending provider suggested that the applicant resume Lyrica, begin Cymbalta, and resume Protonix. The applicant was described as having a history of heartburn through prior usage of Protonix. The attending provider stated that opioid therapy with Norco was intended for usage along with adjuvant medications such as Lyrica. On February 3, 2014, the attending provider posited that the applicant's combination of

Cymbalta, Lyrica, Protonix, and Norco had facilitated the applicant's ability to perform home exercises at a gym when on this particular combination of medications. The attending provider posited that the applicant was unable to perform home exercise and/or attend the gym without the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the attending provider has posited that ongoing usage of Norco has ameliorated the applicant's ability to perform home exercises and attend the gym. Norco, per the attending provider, is appropriately diminishing the applicant's pain complaints, although it is acknowledged that the applicant does not appear to be working with permanent limitations in place. Nevertheless, two of the three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have seemingly been met. Accordingly, the request is medically necessary.

Lyrica 75mg #106: Overturned

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

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

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, pregabalin or Lyrica is considered a first-line treatment for neuropathic pain, as is present here in the form of the applicant's chronic left lower extremity radiculopathy. The attending provider has posited that prior usage of Lyrica has ameliorated the applicant's ability to perform home exercises and remain active and, moreover, did in fact diminish the applicant's radicular complaints. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

1 Diagnostic myofascial injection at the insertion of the erector spinae bilaterally: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections topic Page(s): 122.

Decision rationale: As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended for myofascial pain syndrome with limited lasting value. They are explicitly not recommended in the treatment of radicular pain. In this case, the applicant's primary pain generator is in fact left lower extremity lumbar radiculopathy, the attending provider has stated on several prior occasions. Trigger point injections/diagnostic myofascial injections are not indicated in treatment of the same. Therefore, the request is not medically necessary.