

Case Number:	CM14-0044093		
Date Assigned:	07/02/2014	Date of Injury:	08/29/2010
Decision Date:	08/18/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/11/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 48-year-old female who reported an injury while pulling forcefully on a freezer door that was stuck while at work on 08/29/2010. The clinical note dated 04/10/2014 indicated diagnoses of bilateral epicondylar repair, complex regional pain syndrome (CRPS) I of the right arm, radial nerve lesion and right arm pain. The injured worker rated her pain as severe. She reported that light touches such as blankets rubbing on her elbow, or even shower water, caused her severe pain. The injured worker underwent lateral epicondylar repair at the elbow on 01/14/2013. However, the injured worker continued to be symptomatic. She underwent platelet rich plasma injections at the right lateral epicondyle, which provided her no relief. The injured worker stood very guarded of her right elbow in a flexed position, supported by her left arm. On physical examination of the right elbow, exam was very limited due to guarding. Even to light touch in the area of the elbow, arm, and hand, she retracted due to severe pain with grimace. The injured worker reported absence of sensation to touch of all 5 fingers in the right hand. The injured worker's Tinel's was attempted at the radial tunnel; however, it was equivocal as it caused her severe pain to her entire forearm with retraction. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The provider submitted requests for Lyrica and Norco. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Quantity: 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Specific Drug List, Criteria for Use) Page(s): 78, 91.

Decision rationale: The request for Norco 10/325 mg #100 is not medically necessary. The California MTUS Guidelines state that Norco is a short acting opioid, which is an effective method in controlling chronic, intermittent, or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of significant evidence of objective functional status and evaluation of risk for aberrant drug use behaviors and side effects. Moreover, the documentation does not indicate how long the injured worker has been utilizing this medication. Furthermore, the request does not indicate a frequency. Therefore, the request for Norco is not medically necessary.

Lyrica 75 mg Quantity: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs) Page(s): 17.

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

Decision rationale: The request for Lyrica 75 mg #120 is not medically necessary. The California MTUS Guidelines states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered a first line treatment for both. It was not indicated if the injured worker has been utilizing this medication. Additionally, if the injured worker has been utilizing this medication, Lyrica is recommended for short-term use. It is not indicated how long the injured worker has been prescribed this medication. In addition, there was lack of efficacy and functional improvement with the use of this medication. Moreover, the documentation submitted did not indicate the injured worker had findings that would support she was at risk for insomnia or problems with sleep. Furthermore, the provider did not indicate a rationale for the request. Additionally, the request did not indicate a frequency for the medication. Therefore, the request for Lyrica is not medically necessary.