MAXIMUS Federal Services

Case Number:	CM14-0046042		
Date Assigned:	07/02/2014	Date of Injury:	04/14/1994
Decision Date:	08/06/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/14/2014

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 and is licensed to practice in California and Washington. 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 69-year-old male with a reported date of injury of 08/14/1994. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with neck pain, back pain, and hypertension. Upon physical examination the injured worker presented with stable vital signs, and mild stiffness in his neck and back. Reflexes were noted at 2+ at the patella and absent at the Achilles. The injured worker's diagnoses included chronic neck pain, status post cervical fusion, chronic back pain, status post laminectomy, and stable hypertension. The injured worker's medication regimen included Duragesic Patches, Hydrocodone, Lyrica, and Prazosin, and Propranolol for blood pressure. Requests for Authorization for Prazosin HCL 2 mg quantity: 60, decision for Propranolol HCL 80 mg quantity: 120, Lyrica 300 mg quantity: 60, Hydrocodone/Acetaminophen 10/325 mg quantity: 180 were submitted on 03/31/2014. The clinical note dated 02/04/2014, the physician indicated that he was not going to change the medications. He felt like the injured worker was on the lowest possible dose of his medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prazosin HCL 2 mg QTY: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official DIsability Guidelines (ODG) / Mental Illness & Stress.

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: Drugs.com.

Decision rationale: Drugs.com states that Prazosin is in a group of drugs called alpha-adrenergic blockers. Prazosin relaxes the veins and arteries so that blood can more easily pass through them. Prazosin is used to treat hypertension. Prazosin may cause dizziness or fainting, especially when first start taking it or whenever the dose is changed. Injured workers should be careful when driving. Avoid standing for long periods of time or become overheated during exercise in hot weather. The clinical documentation provided for review indicates the injured worker has a diagnosis of hypertension. The available clinical information documents the medical necessity. However, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Prazosin HCL 2 mg quantity: 60 is not medically necessary.

Propanolol HCL 80 mg. QTY: 120: 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: Drugs.com.

Decision rationale: According to Drugs.com, Propranolol Hydrochloride is in a group of medicines called beta blockers. Propranolol tablets are used for hypertension, angina, and some arrhythmias. The clinical documentation provided for review indicates the injured worker has hypertension and the medication regimen is of therapeutic benefit. However, the request as submitted failed to provide the frequency and direction for use. Therefore, the request for Propranolol HCL 80 mg quantity: 120 is not medically necessary.

Lyrica 300 mg. QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): : 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs: Pregabalin (Lyrica), Page(s) 19 Page(s): 19.

Decision rationale: The California MTUS Guidelines state that Lyrica has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia, and has FDA approval for both indications and is considered treatment for both. There is a lack of documentation related to diabetic neuropathic pain. There is a lack of documentation related to the injured worker's functional deficits to include range of motion values. The therapeutic and functional benefit related to the long-term utilization of Lyrica is not provided within the documentation available for review. In addition, the guidelines only recommend Lyrica for

diabetic neuropathic pain. Furthermore, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Lyrica 300 mg quantity: 60 is not medically necessary.

Hydrocodone-Acetaminophen 10-325mg. QTY: 180: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. There is a lack of documentation related to the injured worker's functional deficits to include range of motion values. In addition, there is a lack of ongoing documentation of pain relief, functional status, appropriate medication use, and side effects. The functional and therapeutic benfit in the longterm utilization of hydrocodone/acetaminophen is not provided within the documentation available for review. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for hydrocodone/acetaminophen 10/325 mg quantity: 180 is not medically necessary .