

Case Number:	CM14-0051759		
Date Assigned:	06/23/2014	Date of Injury:	11/24/2012
Decision Date:	07/22/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/21/2014

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 Texas and New York. 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 37-year-old female who reported an injury on 11/24/2012 after a bending motion. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included medications and physical therapy. The injured worker ultimately underwent surgical intervention. The injured worker's post-surgical chronic pain was managed with multiple medications to include Mobic, Lyrica, and Norco. The injured worker's diagnoses included morbid obesity, significant post-surgical lumbar discopathy, and lumbar disc annular tear. The injured worker was evaluated on 02/24/2014. It was documented that the injured worker had 8/10 pain that was reduced to a 5/10 to 6/10 pain with medication usage. The injured worker had restricted range of motion of the lumbar spine with radicular complaints. A request was made for a refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 2 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Anti-Epileptics Page(s): 60 and 16.

Decision rationale: The request for Lyrica 2 times a day is not medically necessary. The California Medical Treatment Utilization Schedule does recommend the use of anticonvulsants and the management of chronic pain. However, the California Medical Treatment Utilization Schedule also recommends ongoing use of medications in the management of chronic pain be supported by documented functional benefit, and evidence of pain relief. The clinical documentation does indicate that the patient has pain relief resulting from medication usage. However, the clinical documentation fails to provide any evidence that the patient has any significant functional benefit resulting from the use of medications. Therefore, continued use would not be supported. Furthermore, the request as it is submitted does not clearly identify a quantity or dosage. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Lyrica 2 times a day is not medically necessary.

Mobic once a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam (Mobic), NSAIDs Page(s): 61, 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60 and 67.

Decision rationale: The requested Mobic once a day is not medically necessary. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 04/2013. The California Medical Treatment Utilization Schedule does support the use of nonsteroidal anti-inflammatory drugs in the management of chronic pain. However, the California Medical Treatment Utilization Schedule also recommends that medications used in the management of chronic pain be supported by documentation of functional benefit and evidence of pain relief. The clinical documentation submitted for review does not provide any evidence that the patient has significant functional benefit related to medication usage. Furthermore, the request as it is submitted does not provide a quantity or dosage. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Mobic once a day is not medically necessary.

Norco 7.5mg 2 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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

Decision rationale: The requested Norco 7.5 mg 2 times a day is not medically necessary. The California Medical Treatment Utilization Schedule recommends ongoing use of opioids in the management of chronic pain be supported by a quantitative assessment of pain, documented functional benefit, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation does indicate that the injured worker has been on

this medication since at least 04/2013. However, the clinical documentation fails to provide any evidence of significant functional benefit or evidence that the patient is monitored for aberrant behavior. Furthermore, the request as it is submitted does not specifically identify a quantity. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 7.5 mg 2 times a day is not medically necessary.