

Case Number:	CM14-0064427		
Date Assigned:	07/11/2014	Date of Injury:	11/22/2002
Decision Date:	08/29/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/07/2014

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. 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 53-year-old female who reported an injury on 11/22/2002 caused by an unspecified mechanism. The injured worker's treatment history included medications. The injured worker had a urine drug screen on 04/08/2014 that was positive for opiates. The injured worker was evaluated on 04/08/2014 and it was documented the injured worker's current medication regimen, consisting of MS-Contin, Lyrica, Norco, and Lunesta, has been helpful in keeping his symptoms better controlled. Without medication, he was unable to walk more than 1 to 2 minutes at a time and sit or stand for 5 minutes at a time. With medication, he was able to ambulate up to 15 minutes at a time and perform activities of daily living at home, such as putting on his shoes and lifting light objects around the house. The provider noted the injured worker's pain level was 8/10, without medications 0/10 with medications. Physical examination revealed tenderness of the lumbar paraspinal with pain radiating along the L5 dermatome of the right lower extremity. Medications included Norco 10/325 mg, Lyrica 150 mg, Lunesta 2 mg. Diagnoses included S/P fusion, muscle/ligament DIS OT, lumbosacral neuritis unspecified, and lumbosacral disc degeneration. Request for Authorization dated 04/29/2014 was for Norco 10/325 mg and Lyrica 150 mg. However, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 Mg #60: 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: The request for Norco 10/325 mg is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors and side effects. In addition, the request did not indicate a frequency or quantity. Therefore, the request is not medically necessary.

1 Lyrica 150 Mg #60: Upheld

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

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

Decision rationale: The request for 1 Lyrica 150 mg # 60 is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommends Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. On 04/08/2014 the documents provided indicated the injured worker having low back pain however, there was no diagnoses indicating diabetic neuropathy or postherpetic neuralgia for the injured worker. In addition, the provider failed to include conservative care measurements for the injured worker. The request did not include frequency or duration of the medication. Given the above, the request is not medically necessary.