

Case Number:	CM14-0067808		
Date Assigned:	07/14/2014	Date of Injury:	04/19/2001
Decision Date:	09/11/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/12/2014

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 Orthopedic Surgery 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 56-year-old male who reported an injury on 04/19/2001. The mechanism of injury was not provided within the documentation submitted for review. The injured worker's diagnosis was noted to be lumbar degenerative disc disease. Prior treatments were noted to be epidural steroid injections and medications. The injured worker had a surgical history of cervical fusion. The injured worker had a clinical evaluation on 04/29/2014. His chief complaint was low back pain. He states this pain is burning, pulsating, stinging, and throbbing. The physical examination revealed tenderness to palpation over the lumbar paraspinal muscles bilaterally. Positive seated straight leg raise bilaterally. The treatment plan was to continue current medications, which were Norco, tizanidine, and Lyrica. The provider's rationale for the request is provided within the clinical notes. A Request for Authorization form was also provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription Of Lyrica 50mg, #30 With 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 19-20.

Decision rationale: The request for 1 Prescription of Lyrica 50mg #30 With 3 Refills is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines indicate Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia. FDA has approved for both indications and considers this a first line treatment for both. This medication is designed as a schedule V controlled substance because of its causal relationship with euphoria. The antiepileptic agent's gabapentin and pregabalin have attained widespread usage in the treatment of painful diabetic peripheral neuropathy. The documentation does not indicate the injured worker with a diagnosis of diabetic neuropathy or postherpetic neuralgia. In addition, there is no objective data to indicate an anxiety disorder. Efficacy is not noted within the documentation. The injured worker states the side effect of drowsiness with use of Lyrica. In addition, the provider's request fails to indicate a dosage and frequency. Therefore, the request for 1 Prescription of Lyrica 50mg #30 With 3 Refills is non-certified.

1 Prescription Of Norco 10/325mg, #90 With 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Hydrocodone/Acetaminophen, When To Discontinue Opioids.

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

Decision rationale: The request for 1 Prescription of Norco 10/325mg #90 With 3 Refills is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opiates. These include pain relief, side effects, physical and psychosocial function, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The documentation provided with this review fails to indicate an adequate pain assessment. A pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opiate; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the provider's request does not indicate a dosage and frequency. Therefore, the request for 1 Prescription of Norco 10/325mg #90 With 3 Refills is non-certified.

1 Prescription Of Tizanidine 4mg, #30 With 3 Refills: Upheld

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 ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 66.

Decision rationale: The request for 1 Prescription of Tizanidine 4mg #30 With 3 Refills is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines indicate antispasmodics for muscle spasm in conditions such as low back pain, although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. The guidelines indicate tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; with unlabeled use for low back pain. The objective data in the clinical examination notes muscle aches and weakness with arthralgia and joint pain, low back pain with no swelling in the extremities. Myofascial pain syndrome is not noted within the documentation. In addition, the provider's request fails to indicate a dosage and frequency. As such, the request for 1 Prescription of Tizanidine 4mg #30 With 3 Refills is non-certified.