

Case Number:	CM14-0074299		
Date Assigned:	08/08/2014	Date of Injury:	11/07/1990
Decision Date:	09/18/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/22/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 81 year old female with date of injury on 11/07/1990. Diagnoses include lumbar disc degeneration, lumbar spondylolisthesis, and sciatica. Subjective complaints are of chronic low back pain with radiation to the lateral left thigh. Pain varies between 4-9/10. Physical exam shows lumbar tenderness, no spasms, normal reflexes, and no decrease in sensation. Medications include methocarbamol, Lyrica, Norco, alprazolam, buspirone, omeprazole, oxybutynin, prednisone, sertraline, singulair, synthroid, and verapamil. Use of Lyrica was noted as helping her night time pain. Prior utilization review indicated that patient used between 1-4 tablets a day depending on the severity of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 750 mg #30 with 11 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

Decision rationale: CA MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP.

Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. For this patient, submitted documentation does not identify an acute exacerbation and does not show objective evidence of muscle spasm. Therefore, the medical necessity of methocarbamol is not established.

Lyrica 50 mg #30 Refill X6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 19-20. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Pregabalin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs Page(s): 16.

Decision rationale: CA MTUS suggests Lyrica and other antiepileptic drugs (AED) are recommended for neuropathic pain. CA MTUS does add that following initiation of treatment there should be documentation of at least 30% pain relief and functional improvement. The continued use of an AED for neuropathic pain depends on these improved outcomes. Review of the submitted medical records did show documentation that demonstrated pain relief and improved sleep with Lyrica. Therefore, the medical necessity for Lyrica is established.

Norco 5/325 mg 3 X/day: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Classifications: Short-acting/Long-acting opioids Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. Guidelines also support short-acting opioids for treatment of acute exacerbations of chronic pain. For this patient, documentation shows stability on medication, increased functional ability, and no aberrant behavior or adverse side effects. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.