

Case Number:	CM14-0092482		
Date Assigned:	07/25/2014	Date of Injury:	11/21/2008
Decision Date:	09/26/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/18/2014

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 Nevada. 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 records, presented for review, indicate that this 66 year old male was reportedly injured on 11/21/2006. The mechanism of injury is undisclosed. The most recent progress note, dated 5/29/2014, indicated that there were ongoing complaints of chronic low back pain and bilateral lower extremities pain. The physical examination demonstrated reflexes of the lower extremities were 2+ except for absent achilles bilaterally, and absent right patellar reflex, seated straight leg raise was negative bilaterally, and nontender to palpation of the lumbar spine. No recent diagnostic studies are available for review. Previous treatment included medications and conservative treatment. A request was made for Etodolac 300 milligrams quantity sixty with two refills, Lyrica 50 milligrams quantity thirty with two refills, Norco 5/325 milligrams quantity sixty with two refills and was not certified in the preauthorization process on 6/5/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Etodolac 300mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Etodolac (Lodine, Lodine XL, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 of 127.

Decision rationale: Antiinflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. According to the medical records, there is no reported decreased pain and increased functional activity related directly to the use of medication. Therefore, this request for Etodolac is not medically necessary.

Lyrica 50mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (Pregabalin), Anti-epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19, 99.

Decision rationale: Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has Food and Drug Administration (FDA) approval for both indications, and is considered first line treatment for both. This medication is designated as a Schedule five controlled substance because of its causal relationship with euphoria. This medication also has an antianxiety effect. After review of the medical records provided, there was no identifiable diagnosis that meets the criteria listed above. Therefore, this request is not medically necessary.

Hydrocodone/Acetaminophen 5/325mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines support short acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.