

Case Number:	CM14-0097888		
Date Assigned:	07/28/2014	Date of Injury:	02/15/2011
Decision Date:	10/02/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/26/2014

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 58-year-old female was reportedly injured on February 15, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 12, 2014, indicates that there are ongoing complaints of cervical spine pain, right upper extremity pain, and low back pain. No physical examination was performed on this date. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a stellate ganglion block. A request had been made for Lyrica and Norco and was not certified in the pre-authorization process on May 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg 1-2 tabs PO BID #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49 of 127..

Decision rationale: The MTUS considers Lyrica to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is evidence that the injured employee has

chronic regional pain syndrome and neuropathic pain. As such, this request for Lyrica is medically necessary.

Norco 10/325mg tabs PO BID Q8 hrs #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California 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 progress note dated May 12, 2014, states that the injured employee is not getting any relief from her pain medication. Considering this, the request is not medically necessary.