

Case Number:	CM13-0026687		
Date Assigned:	01/10/2014	Date of Injury:	09/14/1993
Decision Date:	02/09/2015	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/20/2013

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 Texas. 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 38 year old male who reported an injury on 11/19/12 secondary to pushing a heavy object. The clinical note dated 4/11/13 reported that the injured worker complained of lower back pain radiating into his left buttock; therapy had not helped. The physical examination noted tenderness in the injured worker's left lower lumbosacral spine with a negative straight leg raise. The MRI report was not provided for review, although the provider stated there was an L5-S1 annular tear and disc bulging. There was an electromyography/nerve conduction study performed on 2/12/13 with normal findings; the bilateral lower extremities demonstrated no acute or chronic denervation, and no radiculopathy, lumbar plexopathy, or peripheral nerve injury bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Halcion 0.25mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: California MTUS Guidelines indicate that benzodiazepines are not appropriate for long-term use and should be limited to 4 weeks. The physician indicated the patient was using this medication as an insomnia treatment. As such, secondary Guidelines were sought. The Official Disability Guidelines indicate that Halcion is FDA approved for sleep onset insomnia and is recommended for short-term use only. As it was indicated the patient was to start the medication and the medication was requested for a 1-month period, the request for Halcion 0.25mg, #30 is medically necessary.

MS Contin 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Criteria For Use).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (when to continue) Page(s): 60 and 78.

Decision rationale: California MTUS Guidelines recommend opioids for chronic pain and indicate there should be documentation of an objective increase in function, objective decrease in VAS score, and evidence that the patient is being monitored for aberrant drug behavior and whether the patient has side effects or not. The clinical documentation submitted for review indicated that the patient continued to use MS Contin, which the patient indicated although he was not pain free, he had a decrease in overall pain level and increase in function and quality. However, there was a lack of documentation of objective decrease in the VAS score, and objective functional improvement. Additionally, there was a lack of documentation indicating the patient was being monitored for aberrant drug behavior. The patient indicated they had no side effects from this medication. Given the above, the request for MS Contin 30mg, #120 is not medically necessary.

Norco 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Hydrocodone/Acetaminophen).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (when to continue) Page(s): 60 and 78.

Decision rationale: California MTUS Guidelines recommend opioids for chronic pain and there should be documentation of an objective increase in function, objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior as well as side effects. The clinical documentation submitted for review failed to include documentation of the above criteria. Given the above, the request for Norco 10/325mg, #180 is not medically necessary.

Lyrica 75mg, #180: Upheld

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

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

Decision rationale: California MTUS Guidelines indicate that anti-epileptic drugs are first line medications for treatment of neuropathic pain. There should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of objective functional improvement. The clinical documentation indicated the patient had pain to the left lateral lower extremity down to the ankle and numbness to the left lateral thigh and pain from the left lateral knee down to the ankle. However, given the lack of documentation of objective functional improvement, the request for Lyrica 75mg, #180 is not medically necessary.