

Case Number:	CM14-0190505		
Date Assigned:	11/24/2014	Date of Injury:	03/20/2007
Decision Date:	01/09/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 50-year-old male with a 3/20/07 date of injury. According to a handwritten progress report dated 10/21/14, the patient complained of low back pain radiating to the legs. He complained of nausea with gabapentin and that Norco was not strong enough. The provider has discontinued gabapentin and initiated Lyrica 75mg BID. The patient's next appointment was scheduled for 1/14/15. Objective findings: illegible. Diagnostic impression (according to a 7/10/14 report): post laminectomy syndrome; status post left L4-5, L5-S1 ALIF on 10/6/09. Treatment to date: medication management, activity modification, surgery. A UR decision dated 10/29/14 denied the requests for Norco and Lyrica. The records available for review do not provide specifics to indicate that utilization of the two requested prescription medications significantly enhances functional capabilities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the medical records provided for review, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Norco 10/325mg #120 with 2 refills is not medically necessary.

Lyrica 75mg #60 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20.

Decision rationale: MTUS states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. In the present case, it is noted that this patient complained of low back pain radiating to the legs. Gabapentin was discontinued by the provider due to side effects, and the provider has replaced it with Lyrica. Guidelines support the use of Lyrica as a first line agent for the treatment of neuropathic pain. In addition, the patient's next scheduled appointment is on 1/14/15, establishing the medical necessity for a 3-month supply at this time. Therefore, the request for Lyrica 75mg #60 with 2 refills is medically necessary.