

Case Number:	CM14-0192557		
Date Assigned:	11/26/2014	Date of Injury:	04/11/2011
Decision Date:	01/14/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/18/2014

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 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:

The patient is a 59-year old female with date of injury 4/11/11. The treating physician report dated 10/4/14 (43) indicates that the patient presents with pain affecting the neck and upper extremities. The patient states that the sensitivity in her hands increases with heat. Forceful repetitive gripping also increases patient's overall pain. The physical examination findings reveal tenderness of the cervical paraspinal musculature with the patient's apprehension and motion due to increasing pain level. Further examination of the patients grip strength shows right hand is 20 kg, 20 kg, and 24 kg. Left hand grip strength is 24 kg, 24 kg, and 22kg. Prior treatment history includes an electromyogram, a nerve conduction study, prescribed medications, cervical epidural block and physical therapy. MRI findings reveal a thin syrinx extending from C4 to C6-C7, a 2mm disc bulge and mild left foraminal narrowing at C3-C4, a 2mm disc bulge and osteophyte, and foraminal narrowing at C4-C5, a 2-3mm disc bulge and osteophyte, and foraminal narrowing at C5-C6, 2-3mm disc bulge and osteophyte contacting the cord with left foraminal narrowing at C6-C7. Patient's work status is TTD. The current diagnoses are: 1. Spinal cord injury with myelopathy, status post epidural steroid injection 5/6/13.2. Cervical disc syndrome with cervical radiculopathy.3. Neuropathic pain bilateral upper extremities.4. Situational anxiety and depression.The utilization review report dated 11/14/14 denied the request for Lyrica 50mg #90, Norco 10/325mg #120 and Psychiatric Consultation 1 based on a lack of documentation of objective functional improvement, non-compliance with medication guidelines and a lack of documentation of psychiatric symptomology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg quantity 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs; Pregabalin Page(s): 16-20; 99.

Decision rationale: The patient presents with pain affecting the neck and upper extremities. The current request is for Lyrica 50mg #90. The treating physician report dated 7/23/14 notes that the patient was to continue Lyrica 50mg in order to replace Neurontin. The MTUS guidelines support the usage of Lyrica for neuropathic pain, diabetic neuropathy and postherpetic neuralgia. In this case the patient has been diagnosed with cervical radiculopathy and neuropathic pain in bilateral upper extremities. The physician has documented that the patient's pain is decreased from an 8 to a 5 with medication usage and functional improvements in ADLs are reported. The request satisfies MTUS guidelines for Lyrica as stated on page 99 and benefit from medication usage per MTUS page 60 is documented. Therefore, Lyrica 50mg quantity 90 is medically necessary.

Norco 10/325mg quantity 120: Overturned

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

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

Decision rationale: The patient presents with pain affecting the neck and upper extremities. The current request is for Norco 10/325mg #120. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The treating physician report dated 7/23/14 notes that the patient continued to rely on Norco 10/325mg three times a day. The report dated 10/24/14 notes that the patient's pain has decreased from 8/10 to 5/10 while on current medication. No adverse effects or adverse behavior were noted by patient. The patient's ADL's have improved such as the ability to stand for longer periods of time, limited light cooking, limited light housework and the ability to partake in functional activities. The continued use of Norco has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. In this case all four of the required A's are addressed, the patients pain level has been monitored upon each visit and

functional improvement has been documented. Therefore, Norco 10/325mg quantity 120 is medically necessary.

Psychiatric consultation: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page 127

Decision rationale: The patient presents with pain affecting the neck and upper extremities. The current request is for Psychiatric Consultation. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. The treating physician report dated 8/22/14 notes that the patient would benefit from a psychological consultation and cognitive behavioral therapy due to her situational anxiety and depression secondary to her chronic pain. The physician also states that they are not trying to include a psychiatric claim but simply treating the anxiety and depression. The requesting treating physician specializes in pain management. In this case the treating physician is recommending the patient to another specialist and has stated that the patient would benefit from additional expertise. Therefore, Psychiatric consultation is medically necessary.