

Case Number:	CM14-0196950		
Date Assigned:	12/05/2014	Date of Injury:	07/06/2010
Decision Date:	01/22/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/24/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 6, 2010. Thus far, the applicant was treated with the following: Analgesic medications; earlier lumbar fusion surgery; adjuvant medications; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 27, 2014, the claims administrator failed to approve a request for Norco and Lyrica. The claims administrator did acknowledge that the applicant had undergone the earlier lumbar fusion surgery. The claims administrator referenced RFA forms and progress notes of October 15, 2014, and October 28, 2014, in its denial. In a November 11, 2014 progress note, the applicant reported ongoing complaints of low back pain and left leg pain status post earlier lumbar epidural steroid injection. The applicant presented with ancillary complaints of depression, insomnia, and anxiety. Norco and Lyrica were renewed. The applicant was placed off of work, on total temporary disability. The attending provider stated that the applicant's medications were reportedly helping her to ambulate. This was not quantified, however. On exam, the applicant exhibited diminished lumbar range of motion. The applicant was described as having a slightly antalgic gait on inspection. On October 20, 2014, the applicant again reported ongoing complaints of low back and leg pain. The applicant's symptoms were "essentially continuous," the attending provider acknowledged. The applicant was again given refills of Norco and Lyrica and placed off of work, on total temporary disability. The applicant was having issues with derivative complaints of depression, anxiety, insomnia, and episodic urinary incontinence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids for Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant was/is off of work. The applicant was/is on total temporary disability. The applicant's pain complaints were seemingly heightened from visit to visit as opposed to reduce from visit to visit, despite ongoing Norco usage. The attending provider failed to outline any meaningful improvements in function achieved as a result of ongoing Norco usage and likewise failed to outline any quantifiable decrements in pain achieved as a result of the same. All of the foregoing, taken together, did not make a compelling case for continuation of Norco. Therefore, the request is not medically necessary.

Retro Lyrica 50mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin; Functional Restoration Approach to Chronic Pain Management Page(s): 99, 7.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, does acknowledge that Pregabalin or Lyrica is first line treatment for neuropathic pain as was/is present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work. Ongoing usage of Lyrica has failed to curtail the applicant's dependence on opioid agents such as Norco. The applicant continues to have difficulty performing activities of daily living as basic as bending, standing, and walking. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lyrica. Therefore, the request is not medically necessary.