

Case Number:	CM15-0004819		
Date Assigned:	01/16/2015	Date of Injury:	08/25/2003
Decision Date:	03/19/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 45 year old female, who sustained an industrial injury on 8/25/2003. The diagnoses have included cervical spondylosis without myelopathy, chronic myofascial pain of the paraspinal and trapezium musculature, cervical radiculopathy bilateral upper extremities, and De Quervan's tenosynovitis. Treatment to date has included pain medications and epidural steroid injections. According to the secondary treating physician's progress evaluation from 11/13/2014, the injured worker continued to have neck pain that had been increasing into her right upper extremity. She also complained of constant, dull achiness in her low back. She continued to work full time. The injured worker reported that the use of medications reduced her pain from 7/10 down to 2/10. The medications allowed her to work and do some chores around the house. A urine drug screen from 4/18/2014 was noted to be consistent with medications. An opioid drug agreement was reviewed. Physical exam from 11/13/2014 revealed significant muscle spasm and tightness in the cervical paraspinal musculature. Range of motion of the cervical spine caused pulling pain shooting into the scapular region. There was tightness upon the paraspinal musculature of the low back. Magnetic resonance imaging (MRI) of the cervical spine from 12/9/2010 revealed 3mm broad-based disc protrusion. Authorization was requested for Lyrica 225mg one by mouth at bedtime, #30 and Norco 10/325mg one by mouth four times a day as needed, #105. On 12/3/2014 Utilization Review non-certified a request for 105 tablets of Norco 10/325mg and 30 tablets of Lyrica 225mg, noting that there was no documentation of the injured worker's response to the medications in terms of pain relief and objective functional improvement. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 22g Mg; 1 orally at bedtime #30: 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 Anti-epileptic drugs Page(s): 16-18. Decision based on Non-MTUS Citation Pain section, AED

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lyrica 225mg 1 po QHS #30 is not medically necessary. Lyrica is recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain. Lyrica is an AED (anticonvulsant). Lyrica is FDA approved for diabetic neuropathy and postherpetic neuralgia. In this case, the injured worker's working diagnoses are Chronic myofascial pain of the paraspinal and trapezium musculature; cervical spondylosis, disc protrusion and bilateral upper extremity radicular pain, right greater than left per MRI 12/9/2010; cervical radiculopathy bilateral upper extremities, right greater than left; rhomboid pain referred from discogenic pain; DeQuervain's tenosynovitis; low back pain; and fractured right patella per history. Subjectively, the injured worker has continued neck pain radiating to the right upper extremity along with the eight T-1 distribution level. Prior epidural steroid injections to the cervical spine provided 14 months of relief. Medication reduces pain from 7/10 2/. Medications allow her to work eight hours a day and do chores around the house. Objectively, cervical spine tenderness and spasms are present in the paraspinal muscle groups. Range of motion is 30 of flexion. Extension is 15. There are dermatomal changes and hyperesthesias on the right as compared to the left. There is slight weakness in the right triceps at 4+/5 and the low back shows tightness upon the paraspinal muscle groups with decreased range of motion. Lyrica appears in the earliest progress note of the medical record dated July 16, 2014. The documentation does not contain evidence of objective functional improvement to guide Lyrica's efficacy. The documentation does not show an attempt to wean the patient off Lyrica. The documentation indicates the injured worker takes Cymbalta and nortriptyline, both of which have an effect on neuropathic pain. The documentation states these are nonindustrial medications. Consequently, absent clinical documentation with objective functional improvement to support ongoing Lyrica use, Lyrica 225 mg one tablet PO Q HS #30 is not medically necessary.

Norco 10/325mg; 1 orally 4 times a day as needed #105: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg 1 po QID #105 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life area the lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are Chronic myofascial pain of the paraspinal and trapezium musculature; cervical spondylosis, disc protrusion and bilateral upper extremity radicular pain, right greater than left per MRI 12/9/2010; cervical radiculopathy bilateral upper extremities, right greater than left; rhomboid pain referred from discogenic pain; DeQuervain's tenosynovitis; low back pain; and fractured right patella per history. Subjectively, the injured worker has continued neck pain radiating to the right upper extremity along with the C8- T-1 distribution level. Prior epidural steroid injections to the cervical spine provided 14 months of relief. Medication reduces pain from 7/10 2/. Medications allow her to work eight hours a day and do chores around the house. Objectively, cervical spine tenderness and spasms are present in the paraspinal muscle groups. Range of motion is 30 of flexion. Extension is 15. There are dermatomal changes and hyperesthesias on the right as compared to the left. There is slight weakness in the right triceps at 4+/5 and the low back shows tightness upon the paraspinal muscle groups with decreased range of motion. Documentation indicates the treating physician prescribe Norco in the earliest progress note dated July 16, 2014. It is unclear whether this is a refill for new starting prescription. The documentation does not contain evidence of objective functional improvement as it relates to Norco. Additionally, there are no detailed pain assessments in the medical record and there are no risk assessments in the medical record. Consequently, absent clinical documentation objective functional movement with pain assessments and risk assessments to guide Norco use, Norco 10/325 mg one tablet PO QID #105 is not medically necessary.