

Case Number:	CM15-0006121		
Date Assigned:	02/10/2015	Date of Injury:	07/08/2011
Decision Date:	04/06/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/12/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old male who reported an injury on 07/08/2011. The mechanism of injury was due to a motor vehicle accident. His relevant diagnoses include left elbow pain, left wrist pain, status post carpal tunnel release, and neck and right upper extremity pain. His past treatments included medications, surgery, and physical therapy. On 12/04/2014, the injured worker complained of bilateral upper extremity pain, and significant pain in the bilateral elbows radiating down into the 5th and 6th digits. The injured worker noted that gabapentin did not seem to help very much, however Norco was assisting in his pain relief. He also indicated Lyrica also helped with neuropathic pain. His relevant medications were noted to include Norco 10/325 mg and Lyrica 75 mg. On 01/19/2015, the injured worker complained of bilateral upper extremity pain and noted good relief with his pain medications. He was in need of refills. The documentation did not refer to the pain relief outcomes for Lyrica. The treatment plan included a prescription for Norco 10/325 with 0 refills and Lyrica 75 mg with 1 refill. A rationale was not provided. A Request for Authorization form was submitted on 12/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg (dosage unspecified) QTY: 90, DND until 01/04/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

Decision rationale: The request for Norco 10/325mg (dosage unspecified) QTY: 90, DND until 01/04/15 is not medically necessary. According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. The injured worker was indicated to have had some neuropathic pain relief from the use of Norco. However, there was a lack of documentation in regard to objective functional improvement, objective decrease in pain, and evidence of monitoring for side effects and aberrant drug related behaviors. There was a lack of a current urine drug screen for review. In addition, the request failed to specify a frequency. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Lyrica 75mg (dosage unspecified) QTY: 60 Refill: 1, as an Outpatient between 12/26/14 and 2/9/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic drugs Page(s): 16-19.

Decision rationale: The request for Lyrica 75mg (dosage unspecified) QTY: 60 Refill: 1, as an Outpatient between 12/26/14 and 2/9/15 is not medically necessary. According to the California MTUS Guidelines, Antiepileptic's are recommended for diabetic painful neuropathy and post herpetic neuralgia. They also state, a response to the use of AEDs has been defined as a 30%-50% reduction in pain. There should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The injured worker was indicated to have been on Lyrica for an unspecified duration of time. However, there was a lack of documentation to indicate the injured worker had diabetic neuropathy or post herpetic neuralgia. There was also a lack of documentation the injured worker had a positive response of 30% to 50% reduction of pain and monitoring for side effects incurred with use. In addition, the request failed to specify a frequency. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.