

Case Number:	CM15-0142473		
Date Assigned:	08/03/2015	Date of Injury:	01/15/2010
Decision Date:	09/03/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/22/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 43-year-old female, who sustained an industrial injury on January 15, 2010, incurring low back injuries. She was diagnosed with lumbar disc disease and underwent a lumbar laminectomy. Treatment included anti-inflammatory drugs, pain medications, proton pump inhibitor, muscle relaxants and activity modifications. The injured worker underwent a surgical lumbosacral fusion with decompression in January 2012 and removal of hardware February 2014. Currently, the injured worker complained of ongoing low back pain radiating down both lower extremities with muscle spasms. She noted limited range of motion of the lower extremities. Treatment included trigger point injections and medication management. The treatment plan that was requested for authorization included prescriptions for Ultracet, Norco and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, Tramadol Page(s): 80, 93-94.

Decision rationale: CA MTUS Chronic Pain Guidelines state that opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long-term use. Opioids appear to be efficacious but limited for short-term pain relief and long-term efficacy is unclear and generally not recommended. In this case, the patient has chronic low back pain and has been taking long-term Ultracet, a combination of Tramadol (a synthetic opioid) and Acetaminophen. The patient appears to experience decreased pain and improved function with Ultracet, however there is no documentation of an opioid contract or urine drug screening in the submitted records. Therefore, the request cannot be deemed medically necessary.

Norco 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic use Page(s): 80.

Decision rationale: CA MTUS Chronic Pain Guidelines state that opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long-term use. In chronic back pain, opioids appear to be efficacious but limited for short-term pain relief. Long-term efficacy is unclear and is generally not recommended. In this case, there is documentation of pain relief and improved functional status; however, there is no documentation of an opioid contract or evidence of urine drug screening. Therefore, the request for Norco is not medically necessary.

Lyrica 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 16.

Decision rationale: MTUS Guidelines support the use of Lyrica (Pregabalin) for neuropathic pain as well as chronic pain conditions such as fibromyalgia. In this case, the patient's condition appears to have a neuropathic component; however, the documentation of pain relief and side effects specifically caused by the use of Pregabalin are not specified in the medical records submitted. Therefore, the request is deemed not medically necessary.