

Case Number:	CM15-0142523		
Date Assigned:	08/03/2015	Date of Injury:	07/15/2006
Decision Date:	09/08/2015	UR Denial Date:	07/03/2015
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
 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 68 year old female, who sustained an industrial injury on July 15, 2006. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post left knee arthroplasty, right rotator cuff reconstruction, chronic back pain, and right shoulder pain. Treatment and diagnostic studies to date has included medication regimen, above noted procedures, use of a transcutaneous electrical nerve stimulation unit, and laboratory studies. In a progress note dated June 19, 2015 the treating physician reports complaints of pain to the right shoulder and to the left knee. Examination reveals decreased range of motion to the right shoulder and the left knee. The injured worker's medication regimen included Norco and Lyrica, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's current medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her current medication regimen. The treating physician requested Lyrica 75mg with a quantity of 60 and Norco 10-325mg with a quantity of 60 noting current use of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), Pregabalin (Lyrica) Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica), Anti-epilepsy drugs (AEDs) Page(s): 99, 16-21.

Decision rationale: Per the MTUS guidelines, Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. According to the MTUS guidelines, Anti-epilepsy drugs (AEDs) are recommended for chronic neuropathic pain. The injured worker is followed for shoulder and knee pain. The medical records do not establish a diagnosis of chronic neuropathic pain to support the request for Lyrica. The request for Lyrica 75mg, QTY: 60 is not medically necessary and appropriate.

Norco 10/325mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management; Opioids for chronic pain Page(s): 48, 80-81.

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

Decision rationale: The MTUS guidelines do not support the long term use of opioids due to the development of habituation and tolerance. The medical records note that the injured worker has been prescribed opioids for an extended period of time. The medical records do not establish significant subjective or objective functional improvement from Norco to support its ongoing use. The request for Norco 10/325mg, QTY: 60 is not medically necessary and appropriate.