

Case Number:	CM15-0165309		
Date Assigned:	09/11/2015	Date of Injury:	05/16/2008
Decision Date:	10/13/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/24/2015

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:

This is a 49-year-old male worker who was injured on 5-16-08. The medical records reviewed indicated the injured worker (IW) was treated for post laminectomy syndrome of the cervical region; brachial neuritis or radiculitis, not otherwise specified; and myalgia and myositis, unspecified. The most recent record (8-6-15) showed the IW had neck pain and constant sharp low back pain that radiated to the posterior left leg. The pain was rated 8 out of 10 without medications and 4 out of 10 with medications. The IW claimed he would be bedbound without medications and remained in bed for nearly two weeks when his medications were not available. He reported his medications, activity restrictions and rest keep his pain manageable so he can complete necessary activities of daily living. He also reported his pain interfered with his relationships, mood, sleeping patterns, work, concentration and over all functioning. On physical examination (6-4-15 to 8-6-15 records), there was severe pain, spasms and audible grinding with movement of the cervical spine. Range of motion of the cervical and lumbar spine was restricted, with pain. Spurling's was positive. Straight leg raise was positive bilaterally. There was hypoesthesia and Dysesthesia down the bilateral hands, Dysesthesia down the left posterior leg to the knee and intermittent hypoesthesia to the bilateral feet. The progress notes (6-4-15 to 7-7-15) indicated the IW's condition and level of function was essentially unchanged. Treatments to date included medications (Norco, MS Contin, Lyrica and Elavil) and home exercise. According to the notes, Norco and Lyrica had been prescribed since at least 4-8-15. The MRI of the lumbar spine dated 7-30-15 showed mild disc degeneration with no significant central canal or neuroforaminal compromise and L5-S1 facet arthrosis, unchanged since last study. A Request for

Authorization dated 8-6-15 asked for Lyrica 100mg, #120 (two twice daily) and Norco 10-325mg, #150 (4 to 5 daily as needed). The Utilization Review on 8-18-15 denied the request for Lyrica 100mg, #120 two twice daily for lack of documentation of objective neuropathic pain; Norco 10-325mg, #150 was modified to #30 to allow for one daily for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100mg 2 po 2 times a day #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The request is for Lyrica (Pregabalin), an anticonvulsant medication indicated for neuropathic pain. Lyrica is approved for painful diabetic neuropathy, post-herpetic neuralgia and fibromyalgia. In this case, the patient has chronic low back and neck pain. A diagnosis of brachial neuritis/radiculitis is given, however there is no objective evidence of nerve compromise on electrodiagnostic testing or imaging. A lumbar MRI does not reveal any neuroforaminal nerve compromise, no central canal stenosis, only mild degenerative disc disease and a stable L5-S1 arthrosis. An MRI of the neck does not suggest nerve compromise, but does reveal osteoarthritis. Thus there is no objective evidence of neuropathic pain and the medical necessity of the request for Lyrica is not medically necessary.

Norco 10/325mg once a day for 4 to 5 days #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: CA MTUS Guidelines state that long-term use of opioids is not supported unless there is documentation of significant pain relief, functional improvement and return to work. In this case, significant pain relief is documented along with improvement with ADLs, but there is no significant overall improvement and the patient has not returned to work. There is no plan in evidence for weaning the patient from Norco or returning him to work. Improvement in ADLs should be viewed as an endpoint in a 49 year-old worker. In addition the patient is also taking MS Contin, and no rationale is given for prescribing 2 opioid medications. Therefore, based on the above, the request for continuing Norco is not medically necessary or appropriate.