

Case Number:	CM15-0197503		
Date Assigned:	10/12/2015	Date of Injury:	06/29/1991
Decision Date:	11/19/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/07/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60 year old female, who sustained an industrial injury on 06-29-1991. She has reported injury to the neck and low back. The diagnoses have included neck pain, status post 2-level fusion in the year 2000 and 2004; low back pain, history of L4-L5, L5-S1 laminectomy and discectomy in 1993; bilateral hip pain; and chronic bilateral knee pain. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, acupuncture, aquatic therapy, physical therapy, and surgical intervention. Medications have included Lortab, Lidoderm patch, Amitriptyline, Prilosec, Effexor, Norco, Lyrica, Cymbalta, and Celebrex. A progress report from the treating physician, dated 09-11-2015, documented an evaluation with the injured worker. The injured worker reported that she is very frustrated; there are multiple points of frustration, most importantly all the medication denials; it has been a couple of months since she has had any opiates; she states that her pain level is 9-10 out of 10 in intensity; she has not been able to stay functional; she used to be on 8 Norco per day and has been able to get that down to about 5 pills a day; she did try the Hysingla and it was too strong for her; the Celebrex ad Lyrica help with her pain; she uses Elavil at nighttime which is the only medication that helps her sleep; and she has been tolerating the Cymbalta well and wants to continue that once a day. Objective findings included no significant change. Objective findings from the progress note dated 08-12-2015 included she is walking with the assistance of a cane; she has difficulty with prolonged sitting or standing, and is changing positions throughout the examination; she still has pain down the right leg; and this is increased with straight leg raise in a seated position. The treatment plan has included the request

for 1 prescription of Norco 10-325mg #150; and 1 prescription of Lyrica 75mg #60 with 2 refills. The original utilization review dated 09-24-2015, non-certified the request for 1 prescription of Norco 10-325mg #150; and modified 1 prescription of Lyrica 75mg #60 with 2 refills, to 1 prescription of Lyrica 75mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury in June 1991 occurring while working as a nurse's aide and transferring a patient and is being treated for chronic neck, low back, and bilateral knee and hip pain. She has a history of a multilevel lumbar laminectomy and discectomy in 1993 and cervical spine fusion surgeries in 2000 and 2004. When seen, pain was rated at 9-10/10. It had been a couple of months since she had access to opioid medication. Celebrex and Lyrica were helping. Physical examination findings included were unchanged with a prior examination documenting ambulating with a cane, decreased cervical range of motion with cervical tenderness and benefit with cervical distraction testing. Norco was prescribed and Lyrica was continued. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. Norco (hydrocodone/acetaminophen) is a short acting combination opioid medication used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having ongoing severe pain. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. Prescribing was medically necessary.

1 prescription of Lyrica 75mg #60 with 2 refills: Overturned

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

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

Decision rationale: The claimant has a remote history of a work injury in June 1991 occurring while working as a nurse's aide and transferring a patient and is being treated for chronic neck, low back, and bilateral knee and hip pain. She has a history of a multilevel lumbar laminectomy and discectomy in 1993 and cervical spine fusion surgeries in 2000 and 2004. When seen, pain was rated at 9-10/10. It had been a couple of months since she had access to opioid medication.

Celebrex and Lyrica were helping. Physical examination findings included were unchanged with a prior examination documenting ambulating with a cane, decreased cervical range of motion with cervical tenderness, benefit with cervical distraction testing. Norco was prescribed, and Lyrica was continued. Antiepilepsy drugs such as Lyrica are recommended for neuropathic pain. Initial dosing of Lyrica is 50 mg three times per day with a maximum dose of up to 600 mg per day. In this case, the requested dosing is consistent with guideline recommendations. Lyrica is reported as providing pain relief. Continued prescribing is considered medically necessary.