

Case Number:	CM15-0023318		
Date Assigned:	02/12/2015	Date of Injury:	06/11/2012
Decision Date:	03/25/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/06/2015

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 48 year old male who sustained an industrial injury on 06/11/2012. Current diagnoses include chronic pain syndrome, abnormality of gait, plantar fasciitis, tenosynovitis of foot and ankle, Pes Anserinus bursitis, and sciatica. Previous treatments included medication management, physical therapy, heat, H-wave, and ankle surgery. Report dated 01/08/2015 noted that the injured worker presented with complaints that included neck and back pain. Pain level was reported as 7 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Current medication regimen included Norco, Lyrica 150mg (once per day), and Lyrica 150mg (twice per day). The physician prescribed Soma at this visit for muscle spasms. Utilization review performed on 01/19/2015 non-certified a prescription for Lyrica 150mg, Norco 10/325mg, and Lyrica 50mg, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica, no generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Antiepilepsy drugs (AEDs), p18-19 (2) Medications for chronic pain, p60 Page(s): 18-19, 60.

Decision rationale: The claimant is more than two years status post work-related injury and continues to be treated for a radiating low back pain with diagnoses including possible CRPS. Medications include Lyrica and Norco. The claimant is more than two years status post work-related injury and continues to be treated for a radiating low back pain with diagnoses including possible CRPS. Medications included Lyrica and Norco. Antiepilepsy drugs such as Lyrica are recommended for neuropathic pain. In this case, however, the claimant is being prescribed Lyrica at a maximum dose and has ongoing constant pain rated at 7/10 consistent with failed treatment with this medication. Therefore, the continued prescribing of Lyrica was not medically necessary.

Norco 10-325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant is more than two years status post work-related injury and continues to be treated for a radiating low back pain with diagnoses including possible CRPS. Medications include Norco with constant pain rated at 7/10. Norco is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction, there is poor pain control and the claimant is not currently working. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of Norco was not medically necessary.

Lyrica 50mg #65: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica, no generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Antiepilepsy drugs (AEDs), p18-19 (2) Medications for chronic pain, p60 Page(s): 18-19, 60.

Decision rationale: The claimant is more than two years status post work-related injury and continues to be treated for a radiating low back pain with diagnoses including possible CRPS. Medications include Lyrica and Norco. Antiepilepsy drugs such as Lyrica are recommended for neuropathic pain. In this case, however, the claimant is being prescribed Lyrica at a maximum

dose and has ongoing constant pain rated at 7/10 consistent with failed treatment with this medication. Therefore, the continued prescribing of Lyrica was not medically necessary.