

Case Number:	CM15-0224409		
Date Assigned:	11/20/2015	Date of Injury:	02/18/2013
Decision Date:	12/30/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/16/2015

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 55 year old female who sustained an industrial injury on February 18, 2013. The worker is being treated for: cervical musculoligamentous strain and sprain with radicular complaints, tension headaches with myospasm of cervical spine, bilateral shoulder's RC tendonitis bursitis, lumbosacral musculoligamentous strain and sprain with radicular complaints, gastritis, stress, anxiety. Subjective: February 12, 2015 she reported intermittent moderate low back, neck pain and bilateral heel pain. August 25, 2015 follow up visit she reported complaint of experiencing daily panic attacks and that she had tried acupuncture sessions twice but doesn't want to continue as "it was causing panic attacks." Objective: August 25, 2015 noted upon examination the cervical spine noted tenderness to palpation about the paracervical and trapezius muscles; tenderness at Levels C2 through C7; restricted ROM due to pain and a positive cervical distraction test. Bilateral shoulders found with tenderness to palpation, mild spasm about the trapezius muscles bilaterally. Lumbar spine also noted tenderness about the paralumbar musculature and spasms. Diagnostic: 2014 MRI lumbar spine. Medication: February 2015: Norco and Lyrica prescribed. August 28, 2015 noted the Lyrica increased to 150mg and Norco. Treatment: May 2015: Lyrica prescribed 150mg and 75mg tablets. June 2015: prescribed Wellbutrin and Robaxin. 2015 POC with referral for psychiatric care, and advised to stop acupuncture care; modified work duty, medications, PT sessions, July 2015 noted resuming acupuncture care. On October 14, 2015 a request was made for Norco 7.5 mg #90 and Lyrica 150mg #60 two refills that were both noncertified by Utilization Review on October 21, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5mg three times a day #90 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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 sustained a work injury in February 2013 when she fell from a stool while performing a massage treatment. She struck the right side of her head and right shoulder against the wall and then fell to the ground. Treatments have included physical therapy and she attended two aquatic therapy sessions. MRI scans of the cervical and lumbar spine in May 2013 showed findings of multilevel disc bulging with mild lumbar foraminal narrowing and possible nerve root encroachment. When seen in April 2015, she had been prescribed Lyrica which was helping with her symptoms. Possible fibromyalgia and a history of panic attacks are referenced. There had been benefit with acupuncture treatments. When seen she was having daily panic attacks and anxiety. She was unable to sleep. She was having neck pain and spasms. She was attending aquatic therapy. Physical examination findings included cervical paraspinal and upper trapezius muscle tenderness. There was guarded lumbosacral range of motion with tenderness. Her Lyrica dose was increased. Norco was being prescribed and was continued. Authorization was requested for a psychology consult. Norco (hydrocodone/acetaminophen) is a short acting combination opioid 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 and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.

Lyrica 150 twice a day #60 with two 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 sustained a work injury in February 2013 when she fell from a stool while performing a massage treatment. She struck the right side of her head and right shoulder against the wall and then fell to the ground. Treatments have included physical therapy and she attended two aquatic therapy sessions. MRI scans of the cervical and lumbar spine in May 2013 showed findings of multilevel disc bulging with mild lumbar foraminal narrowing and

possible nerve root encroachment. When seen in April 2015, she had been prescribed Lyrica which was helping with her symptoms. Possible fibromyalgia and a history of panic attacks are referenced. There had been benefit with acupuncture treatments. When seen she was having daily panic attacks and anxiety. She was unable to sleep. She was having neck pain and spasms. She was attending aquatic therapy. Physical examination findings included cervical paraspinal and upper trapezius muscle tenderness. There was guarded lumbosacral range of motion with tenderness. Her Lyrica dose was increased. Norco was being prescribed and was continued. Authorization was requested for a psychology consult. 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. After initiation of treatment there should be documentation of pain relief and improvement in function. In this case, the requested dosing is consistent with guideline recommendations. There had been benefit from this medication and the dose was increased. The claimant may have fibromyalgia and this medication would be considered in the treatment of that condition as well. The request is considered medically necessary.