

Case Number:	CM15-0030120		
Date Assigned:	02/23/2015	Date of Injury:	04/05/2012
Decision Date:	04/07/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/18/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 49-year-old male, who sustained an industrial injury on 04/05/2012. He has reported subsequent neck, knee, low back and right elbow pain and was diagnosed with lumbar degenerative disc disease, lumbar radiculopathy and cervical disc disorder. Treatment to date has included oral pain medication, cervical and epidural steroid injections, physical therapy and chiropractic treatment. In a progress note dated 01/30/2015, the injured worker complained of neck, low back and bilateral knee pain that was rated as 7/10 with the use of medication and 9/10 without medication. Objective physical examination findings were notable for restricted range of motion in the cervical and lumbar spine and the knees with tenderness to palpation. The physician noted that Norco would be continued for breakthrough pain, Lyrica would be increased for improved neuropathic pain control and that Celebrex would be started to address axial back pain. Requests for authorization were submitted. On 02/09/2015, Utilization Review non-certified requests for Celebrex, noting that the injured worker was experiencing gastrointestinal side effects from medications and Lyrica 150 mg, noting that the injured worker reported only a 20% reduction in pain and that guidelines did not support an increased dosage. Utilization Review modified requests for Lyrica 100 mg from a quantity of 60 to a quantity of 8, and modified a request for Norco 10/325 mg from a quantity of 90 to a quantity of 46, noting a lack of medication efficacy. MTUS and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex, NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 27-30.

Decision rationale: According to MTUS guidelines, Celebrex is indicated in case of back, neck and shoulder pain especially in case of failure or contraindication of NSAIDs. There is no clear documentation that the patient failed previous use of NSAIDs. There is no documentation of contra indication of other NSAIDs. There is no documentation that Celebrex will be used for the shortest period and the lowest dose. Therefore, the prescription of Celebrex 200mg #30 is not medically necessary.

Lyrica 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 20.

Decision rationale: According to MTUS guidelines, “Lyrica is an anti-epilepsy drug (AEDs - also referred to as anti-convulsant), which has been shown to be effective for treatment of diabetic; painful neuropathy and post-herpetic neuralgia; and has been considered as a first-line treatment for neuropathic pain.” There is no clear documentation of flare of neuropathic pain in this patient that responded to previous use of Lyrica. There is no clear proven efficacy of Lyrica for back pain. Therefore, Lyrica 150mg #60 is not medically necessary.

Lyrica 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 20.

Decision rationale: According to MTUS guidelines, “Lyrica is an anti-epilepsy drug (AEDs - also referred to as anti-convulsant), which has been shown to be effective for treatment of diabetic; painful neuropathy and post-herpetic neuralgia; and has been considered as a first-line

treatment for neuropathic pain.” There is no clear documentation of flare of neuropathic pain in this patient that responded to previous use of Lyrica. There is no clear proven efficacy of Lyrica for back pain. Therefore, Lyrica 100mg #60 is not medically necessary.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: “(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.” According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of improvement of activity of daily living. Therefore, the prescription of Norco 10/325 mg # 90 is not medically necessary.