

Case Number:	CM15-0032952		
Date Assigned:	02/26/2015	Date of Injury:	08/25/2003
Decision Date:	04/08/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/23/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 45-year-old [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of August 20, 2003. In a Utilization Review Report dated January 12, 2015, the claims administrator failed to approve requests for Lyrica and Norco. The claims administrator referenced a January 22, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On November 30, 2014, the applicant reported persistent complaints of low back, knee, neck, and wrist pain. Permanent work restrictions, Norco, and Lyrica were endorsed. A cervical epidural steroid injection was also proposed. The applicant stated that her pain scores were reduced from 7/10 without medications to 2/10 with medications. The attending provider contended that the applicant was working full time with her medications and stated that her medications were ameliorating her ability to work, do household chores, and take care of her pets. The applicant continued to report ongoing complaints of neck pain radiating to the right arm, it was noted. On December 16, 2014, the attending provider renewed both Norco and Lyrica. The applicant continued to report issues with upper extremity paresthesias which had reportedly been attenuated with ongoing medication consumption. The applicant did have ancillary complaints of anxiety and psychological stress. On January 15, 2015, however, the applicant was described as having progressively worsened over time. Both neck pain complaints and upper extremity paresthesias had worsened over time. The applicant was in the process of applying for both short-term disability benefits, it was suggested. The attending provider suggested that the

applicant continue Norco and Lyrica and appeal previously denied cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica (pregabalin) 225mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 7 of 127.

Decision rationale: No, the request for Lyrica, an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is indicated in the treatment of diabetic neuropathic pain and/or postherpetic neuralgia and, by analogy, the cervical radicular pain complaints reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, ongoing usage of Lyrica, however, has failed to effectively attenuate the applicant's upper extremity radicular pain complaints. The applicant was described on January 15, 2015 as having progressively worsening neck and/or upper extremity pain complaints. The applicant had failed to return to work. The applicant was in the process of applying for short-term disability, the treating provider acknowledged, and was, moreover receiving Workers Compensation indemnity benefits, the treating provider noted. Ongoing usage of Lyrica had failed to curtail the applicant's reliance on opioid agents such as Norco. Ongoing usage of Lyrica, in short, had failed to generate ongoing functional benefit in terms of the parameters established in MTUS 9792.20f as of the date of the request, January 15, 2015. Therefore, the request was not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 80 of 127.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid

therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work as of January 15, 2015. On that date, the applicant reported heightened pain complaints and difficulty performing household chores. The applicant was in the process of applying for disability insurance benefits, in addition to receiving Worker's Compensation indemnity benefits, the treating provider posited. All of the foregoing, taken together, suggests that the efficacy of Norco was/is waning over time. Therefore, the request was not medically necessary.