

Case Number:	CM15-0033603		
Date Assigned:	02/27/2015	Date of Injury:	11/20/2001
Decision Date:	04/09/2015	UR Denial Date:	02/11/2015
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, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55 year old male patient, who sustained an industrial injury on 11/20/01. The diagnoses have included lumbar disc degeneration, lumbar disc displacement and lumbar post laminectomy syndrome. Per the doctor's note dated 2/5/2015, he had complaints of low back pain with radiation to bilateral buttocks with pain and numbness over bilateral feet. Physical examination revealed restricted range of motion of lumbar spine. The current medications list includes Lyrica, aspirin, lipitor and norco. He has had lumbar MRI on 10/8/2013, which revealed disc protrusion at L3-4 with moderate left foraminal stenosis, minimal disc bulge at L2-3 and L4-5 laminectomy and fusion. He has undergone lumbar laminectomy and fusion. He has had physical therapy visits for this injury. On 2/11/15 Utilization Review non-certified 1 caudal epidural steroid injection, noting lack of documentation of radiculopathy and submitted modified certifications for Lyrica 200mg #90 with 2 refills modified to 1 prescription #24 for weaning as Lyrica is not recommended for this injured worker and Norco 10/325mg #150 modified to #110, for weaning purposes. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 2/16/15, the injured worker submitted an application for IMR for review of Lyrica 200mg #90 with 2 refills modified to 1 prescription #24, 1 caudal epidural steroid injection and one prescription of Norco 10/325mg #150 modified to #110.

IMR ISSUES, DECISIONS AND RATIONALES

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

One caudal epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." Per the records provided physical examination revealed only restricted range of motion of the lumbar spine. Evidence of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing is not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Failure to previous conservative therapy including physical therapy visits and pharmacotherapy is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. The medical necessity of One caudal epidural steroid injection is not fully established for this patient.

One prescription of Lyrica 200 mg, ninety count with two refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), page 16; Pregabalin (Lyrica, no generic available), page 19.

Decision rationale: Lyrica is an anti-epilepsy medication. According to MTUS chronic pain guidelines, anti-epilepsy drugs are "recommended for neuropathic pain (pain due to nerve damage). Lyrica has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both." As mentioned above patient had chronic low back pain with radiation to bilateral buttocks with pain and numbness over bilateral feet. Patient has a history of lumbar surgery. Lyrica is medically appropriate and necessary in such clinical situation. The request of One prescription of Lyrica 200 mg, ninety count with two refills is medically necessary and appropriate for this patient.

One prescription of Norco 10/325 mg, 150 count: Upheld

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

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

Decision rationale: One prescription of Norco 10/325 mg, 150 count. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals."The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to non opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs."The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is also not specified in the records provided. With this, it is deemed that this patient does not meet criteria for ongoing use of opioids analgesic. The medical necessity of One prescription of Norco 10/325 mg, 150 count is not established for this patient at this time.