

Case Number:	CM15-0047373		
Date Assigned:	03/19/2015	Date of Injury:	02/01/2008
Decision Date:	04/24/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/12/2015

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 57-year-old male patient who sustained an industrial injury to the back on 2/1/08. Current diagnoses included failed back surgery syndrome, insomnia, epidural fibrosis and chronic pain syndrome. Per the note dated 3/2/2015, he had pain at 7/10. Physical examination revealed poor lumbar range of motion. Per the PR-2 dated 2/2/15, he reported that his pain was 7/10 on the visual analog scale. He reported that this pain had worsened with cold weather and difficult to walk and move around. He had also complaints of insomnia secondary to pain. The physical examination revealed reduced range of motion. The medications list includes norco, robaxin, lyrica and restoril. He has had lumbar MRI dated 9/13/2010, which revealed postoperative changes, increased annular bulge at L4-5 and increased left posterolateral bulge at L3-4. He has undergone lumbar spine surgery. He has had injections and physical therapy for this injury. He has had urine drug screen on 8/5/2014, 11/10/2014 and 2/2/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

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

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

Decision rationale: Request: Norco 10/325mg #240. 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 regard 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. Response to lower potency opioids like tramadol is 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 Norco 10/325mg #240 is not established for this patient at this time.

Lyrica 75mg #90: Overturned

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

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

Decision rationale: Request: Lyrica 75mg #90. 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 the patient had chronic back pain with objective findings of limited range of motion. Patient has a history of lumbar surgery. Lyrica is medically appropriate and necessary in such a clinical situation. The request of Lyrica 75mg #90 is medically necessary and appropriate for this patient.

Restoril 30mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Request: Restoril 30mg #30. Temazepam is a benzodiazepine. According to MTUS guidelines, Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." Response to other, non-pharmacological measures for the treatment of insomnia is not specified in the records provided. Prolonged use of anxiolytic may lead to dependence, does not alter stressors or the individual's coping mechanisms, and is therefore not recommended. The medical necessity of Restoril 30mg #30 is not established for this patient.