

Case Number:	CM15-0085729		
Date Assigned:	05/07/2015	Date of Injury:	02/19/2014
Decision Date:	06/10/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/04/2015

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: Pennsylvania

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 30 year old woman sustained an industrial injury on 2/19/2014 after a motor vehicle accident. Evaluations include lumbar spine x-rays dated 11/5/2014, brain MRI dated 10/7/2014, and cervical spine MRI dated 10/7/2014. Diagnoses include cervical facet syndrome, lumbar disc disorder, post-concussion syndrome, ad spasm of muscle. Treatment has included oral medications, psychological treatment, chiropractic care, TENS unit use, and physical therapy. Physician notes dated 2/4/2015 show complaints of low back and neck pain that has worsened. Pain is rated 3/10 with medications and 9/10 without medications. Recommendations include continue Norco, Zipsor, hold Lyrica and Cymbalta, lumbar spine MRI, and activity restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs) Page(s): 16, 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-20.

Decision rationale: Lyrica is recommended for neuropathic pain but not for chronic non-specific axial low back pain or myofascial pain. It is not clear from the medical record that this worker has pain attributable to neuropathic pain. The neurological exam is normal. More importantly however, is that the record fails to support an improvement in symptoms attributable to Lyrica. Reduction in pain with medications is discussed but this refers to his medications in general and Lyrica is not specifically discussed or differentiated from the other medications. According to the MTUS, "after initiation of therapy there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use." There was no discussion in the record of any improvement in function in response to Lyrica. The request is not medically necessary.

Zoraflex 35mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: Nonsteroidal anti-inflammatory drugs such as Zorvolex may be recommended for osteoarthritis and acute exacerbations of chronic back pain. However it is recommended only as a second line treatment after acetaminophen. Significant risks for side effects exist with nonsteroidal anti-inflammatory drugs as compared to acetaminophen. Furthermore there is no evidence of long-term effectiveness for pain or function with the use of nonsteroidal anti-inflammatory drugs. The record does not indicate a clear benefit from the use of nonsteroidal anti-inflammatory drugs with this worker or of a trial of acetaminophen. Although the short-term use of Ibuprofen for an acute exacerbation of pain may have been appropriate for this worker, the continued long-term use would not be appropriate, particularly with no documentation of clear benefit after having already been on the medication for an extended period of time. There is documentation of reduction in pain with medications, but medications in general are referred to and it is not clear which medications are actually resulting in pain reduction. Norco was ordered for prn use and it is not clear from the record whether or not this medication was actually being used. The request is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone Page(s): 90-91, 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes

including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case, there is insufficient documentation of the assessment of function in response to opioid use to substantiate the medical necessity for Norco. Furthermore, although the documentation indicates a reduction in pain with medications, it is not clear what medications this is attributable to or if the worker is even taking the Norco. The request is not medically necessary.