

Case Number:	CM15-0086388		
Date Assigned:	05/08/2015	Date of Injury:	12/23/2012
Decision Date:	06/15/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/05/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 39 year old female, who sustained an industrial injury on 12/23/2012 following a fall. She reported sudden sharp pain going down the back of her leg. She was diagnosed with left hip pain and sciatic pain. Treatment to date has included medications, MRI, radiofrequency ablation, epidural steroid injection and physical therapy. According to the records submitted for review the utilization of Lyrica by the injured worker dated back to 08/19/2014. The utilization of Norco dated back to 10/22/2014. According to a progress report dated 01/20/2015, the injured worker had good relief of right lumbar pain following radiofrequency ablation. She required less medication. The provider advised her to wean Norco following her upcoming epidural injection. Records show that she received the lumbar epidural steroid injection on 01/30/2015. According to a progress report dated 04/09/2015 the injured worker had no improvement or increase in pain. She continued to have left low back and leg pain. Norco was reducing pain by 65 percent but with 3 tablets per day. With this amount she was able to walk 20 minutes as compared to 5-10 minutes and take her son to the park. Pain level was rated 5 on a scale of 1-10. Interval pain over the last week was rated 5. Pain relief with medication or treatment over the last week was 50 percent. These numbers were unchanged from the previous exam dated 03/13/2015. The provider noted CURES report showed no aberrant activity. Urine drug screen was appropriately positive for opiates. Her last dose of Norco and Lyrica was that morning. Diagnoses included degeneration of lumbar or lumbosacral intervertebral disc and thoracic or lumbosacral neuritis or radiculitis unspecified. The provider

noted that Norco would be increased to a quantity of 90 tablets. Currently under review is the request for Norco and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 90: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, opioids.

Decision rationale: ODG guidelines support opioids with: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: 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 lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 nonadherent) drug-related behaviors. The medical records report chronic pain and document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such chronic opioids are supported and is medically necessary.

Lyrica 150 mg Qty 270 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsant Page(s): 111.

Decision rationale: Recommended for neuropathic pain (pain due to nerve damage. (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007) There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006) The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. The medical records support the presence of neuropathic pain with reported benefit by the medication. ODG supports the use of Lyrica for neuropathic pain, therefore, the request is medically necessary.