

Case Number:	CM14-0118654		
Date Assigned:	09/16/2014	Date of Injury:	11/11/2002
Decision Date:	10/21/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 63-year-old gentleman was reportedly injured on November 11, 2002. The most recent progress note, dated June 2, 2014, indicated that there were ongoing complaints of low back pain. Current medications include Norco and Voltaren gel and current pain was rated at 8/10. The physical examination demonstrated tenderness along the lumbar spine with decreased lumbar spine range of motion. Examination of the shoulders revealed joint space tenderness and decreased abduction and flexion to 145. The examination of the knees noted joint space tenderness and range of motion from 0 to 90. There was a normal upper and lower extremity neurological examination. No recent diagnostic imaging studies were performed. Previous treatment included a lumbar spine fusion at L4-L5 and L5-S1, the use of a TENS (transcutaneous electrical nerve stimulation) unit, and oral medications. A request had been made for Norco 10/325 and Lyrica 50 mg and was not certified in the pre-authorization process on July 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 OF 127.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate used for the management of intermittent moderate to severe breakthrough pain. The MTUS treatment guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain after a work-related injury; however, a review of the available medical records fails to document any objective or clinical improvement in the pain or function with the current regimen. As such, the request for Norco 10/325 mg, 120 count, is not medically necessary or appropriate.

Lyrica 50 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 16-20, 49 OF 127.

Decision rationale: The Chronic Pain Medical Treatment Guidelines considers Lyrica to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is no evidence that the injured employee does not have any neuropathic pain nor are any radicular symptoms noted on physical examination. As such, the request for Lyrica 50 mg, ninety count, is not medically necessary or appropriate.