

Case Number:	CM14-0128161		
Date Assigned:	08/15/2014	Date of Injury:	09/01/1995
Decision Date:	11/17/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/12/2014

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 Internal Medicine 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 patient is a 69 years old female who was injured on 09/01/1995. The mechanism of injury is unknown. Prior medication history included Lyrica 75 mg, Soma 350 mg, and Norco 7.5/325 mg. She also received a steroid injection on 02/03/2014 which resulted in good pain relief for her lumbar radiculopathy with 50% lower back and leg improvement and provided 20% improvement in activity. Progress report dated 04/01/2014 documented the patient to have complaints of cramping in bilaterally legs upon awakening since receiving an injection. Objective findings on exam revealed her straight leg raise was positive at 50 degrees. She had decreased sensation at L4-L5 and there was pain on heel-to-toe walk. Her lumbar range of motion revealed flexion at 45 degrees; extension 20 degrees; right lateral 25 degrees; and left lateral 20 degrees. The patient was diagnosed with lumbar radiculitis and was instructed to continue Norco 7.5/325 mg, Soma 350 mg and Lyrica 75 mg. She was also advised to continue her home exercise program and to consider a short trial of Baclofen. Prior utilization review dated 08/05/2014 denied the request for Lyrica 75 mg #60; Soma 350 mg #90; and Norco 10/325 mg #90 due to lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75 mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine Practice Guidelines, web-based edition:
http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html

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

Decision rationale: The guidelines recommend Lyrica for the treatment of neuropathic pain and fibromyalgia. The clinical notes show the patient has ongoing neuropathic pain with back and lower extremity signs and symptoms. The clinical notes document the patient has had improved control of her symptoms with use of Lyrica. The other pain medications requested are not certified and stopping several pain medications simultaneously may cause significant pain for the patient. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.

Soma 350 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Practice Guidelines, web-based edition:
http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The guidelines recommend muscle relaxants for short-term use only in acute back pain and muscle spasms. They are generally not recommended for use longer than 4-6 weeks. From the documents provided it appears the patient has been utilizing this medication longer than the recommended duration of therapy. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Norco 10/325 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Practice Guidelines, web-based edition:
http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96.

Decision rationale: The guidelines recommend chronic opioid therapy for chronic pain for patients who show improved analgesia, improved ADLs/level of functioning, no aberrant behavior, and no significant adverse effects. Additionally, there should be urine drug screening performed to ensure compliance. The interval between urine drug screenings is determined by the patient's risk for substance abuse. The clinical documents provided did not sufficiently demonstrate a significant improvement in analgesia and improved ADLs/functioning. The

documents did not discuss any side effects or history of aberrant behavior. It is also unknown when the patient's previous UDS was and if the findings were consistent with the medication profile. It is unclear how long the patient has been utilizing norco. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.