

Case Number:	CM14-0130878		
Date Assigned:	08/20/2014	Date of Injury:	08/29/2005
Decision Date:	09/25/2014	UR Denial Date:	07/12/2014
Priority:	Standard	Application Received:	08/15/2014

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, has a subspecialty in Pain 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 injured worker is a 52-year-old female who reported an injury on 08/29/2005. The mechanism of injury was tripping over a blood pressure cuff and falling to the floor. The injured worker has diagnoses of shoulder pain and extremity pain. Past treatment for the injured worker consists of total shoulder replacement, right shoulder hemi-arthroplasty, right bicep tendinosis, physical therapy and medication therapy. Medications include Lyrica, Fioricet, Norco, Nexium, and Soma. The injured worker underwent an MRI of the right shoulder on 08/20/2012, x-rays of the cervical spine on 07/19/2012, and x-rays of the right shoulder on 07/19/2012. On 07/23/2014, the injured worker complained of right shoulder pain. Physical examination revealed that the injured worker had a pain of 5/10 with medication and 9/10 without. Inspection of the cervical spine revealed straightening of the spine with loss of normal cervical lordosis. Range of motion was restricted with limited due to pain. On examination of the paravertebral muscles, spasm, tenderness and tight muscle band were noted on both sides. Tenderness was noted at the paracervical muscles and trapezius. Spurling's maneuver caused pain in the muscles of the neck radiating to upper extremity. Examination of right shoulder revealed joint large linear scar to anterior aspect of shoulder. Movements were restricted with flexion limited to 170 degrees limited by pain and abduction to 130 degrees limited by pain. On palpation, tenderness was noted in the generalized to anterior shoulder. Motor testing was limited by pain revealing a grip of 5-/5 on the right and 5/5 on the left. Shoulder flexors were 4/5 on the right. On sensory examination, light touch sensation was decreased on the right side. Treatment plan is for the injured worker to continue Norco and Lyrica. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #210: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 78, 91.

Decision rationale: The request for Norco 10/325mg #210 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that refills are limited and will only occur at appointments. Treatment compliance must occur for all other modalities enlisted, urine drug screens are required, and the injured worker must acknowledge that they are aware of potential adverse effects of the use of opioids including addiction. The guidelines require cooperation to the four 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 non-adherent) drug related behavior. These domains have been summarized as the four A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). Dose recommendations for Norco, the usual dose of 5/500 mg is 1 tablet by mouth every 4 to 6 hours as needed for pain, max of 8 tablets a day. The injured worker's submitted report lacked evidence of treatment compliance, and any side effects the injured worker might/might not have experienced, and any history of current urinalysis testing. The submitted report did include a urinalysis, but it was dated back 10/18/2012. As such, the request for Norco 10/325mg #210 is not medically necessary.

Lyrica 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Pregabalin (Lyrica, no generic available) Page(s): 16, 19-20.

Decision rationale: The request for Lyrica 100mg #120 is not medically necessary. The California MTUS Guidelines indicate that Lyrica is recommended for neuropathic pain. The California MTUS states Lyrica is an anticonvulsant that has been documented to be effective in treatment of diabetic neuropathy and post therapeutic neuralgia, has FDA approval for both indications, and is considered first line treatment for both. This medication is designated as a scheduled V controlled substance because of its casual relation with euphoria. This medication also has an antianxiety effect. Pregabalin is being considered by the FDA for treatment for generalized anxiety disorder and social anxiety disorder. As per the guidelines above, the injured worker is not within the MTUS guidelines. The injured worker had no diagnosis of diabetic neuropathy or post therapeutic neuralgia. Furthermore, there was no notation in the submitted report indicating that the injured worker had any type of anxiety. The submitted report dated

07/23/2014 lacked any clear objective findings to support ongoing neuropathic conditions which would reasonably require the use of an anticonvulsant. Although Lyrica is a first line recommended medication for the treatment neuropathic pain, the submitted documentation did not substantiate the use of the medication. Furthermore, the request as submitted lacked a duration and frequency of the medication. As such, the request for Lyrica 100mg #120 is not medically necessary.