

Case Number:	CM14-0140392		
Date Assigned:	09/10/2014	Date of Injury:	07/15/2004
Decision Date:	10/10/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/29/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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 woman who has a date of injury of July 15, 2004. She has been diagnosed with cervical myofascial pain, bilateral carpal tunnel and bilateral medial epicondylitis with left epicondylectomy. She also has bilateral middle trigger finger and release, loss of sensation to touch in median and ulnar distributions, left ulnar nerve decompressions, bilateral carpal tunnel surgeries and tingling in both arms. In addition, she has had therapy and injections. She is said to have 7/10 pain without medications and 4/10 pain with medications. The medications allow her to have increased functionality, mobility, and tolerance of activities of daily living. She has been diagnosed with depression and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5-325mg Tablets (Hydrocodone-Acetaminophen) Q6-8h Prn #120 X 3 Refills:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Drug List Opioids for Chronic Pain Opioids, Ongoing Management Page(s): 78, 81, 91.

Decision rationale: Norco is hydrocodone with acetaminophen, and is indicated for moderate to moderately severe pain. This worker has chronic musculoskeletal pain. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and nonsteroidal anti-inflammatory drugs. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain. Per the Medical Treatment Utilization Schedule, under the Criteria for Use of Opioids section, on-going management actions should include: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, as well as intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Four domains have been proposed as most relative for ongoing monitoring: Pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. Another reason to continue opioids is if the worker has returned to work. However, this information has not been made available. The documentation provided on this worker states the worker had 7/10 pain without medications and 4/10 pain with medications. However, none of the other information necessary for ongoing monitoring has been provided including detailed functional status with and without the medication, appropriate medication use and side effects. Nor is there any mention of a written contract, which is not a requirement, but a recommendation. Therefore, the request is not certified.

Lyrica 75mg 2 Tabs Q12h #120 X 3 Refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 99.

Decision rationale: Pregabalin (Lyrica) is an anti-epilepsy drug also referred to as an anticonvulsant, which is considered first-line therapy for neuropathic pain. This worker has loss of sensation to touch in median and ulnar distributions as well as tingling in both arms. Therefore the requested Lyrica 75mg 2 Tabs Q12h #120 X 3 Refills is medically necessary and certified. Pregabalin is first-line therapy for neuropathic pain, which this worker has. Therefore, this request is certified.