

Case Number:	CM14-0180136		
Date Assigned:	11/04/2014	Date of Injury:	01/16/2012
Decision Date:	12/17/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/29/2014

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 C. 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:

Patient is a 49-year-old female with date of injury 01/16/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/22/2014, lists subjective complaints as pain in the low back. Objective findings: Examination of the bilateral upper extremities, bilateral lower extremities, and the patient's spine revealed the following: Muscle strength was reduced in the triceps and hand intrinsic muscles. Gait was antalgic. Positive straight leg raising test bilaterally. Positive Lasegue sign at 80 degrees. Weak EHL musculature bilaterally. Full range of motion of the hip joints. Sensory loss to light touches at L5 dermatome bilaterally. Diagnosis: 1. Thoracic or thoracolumbar disc degeneration 2. Lumbar or lumbosacral disc degeneration 3. Brachial neuritis or radiculitis, not otherwise specified 4. Cervical disc degeneration 5. Depressive disorder, not elsewhere classified 6. Thoracic or lumbosacral neuritis or radiculitis, not otherwise specified. Original reviewer modified medication request to Norco 5/325 #30 with no refills and Lyrica 100g #120 with 1 refill. The medical records supplied for review document that the patient has been taking the following medication for a least as far back as six months. Medications: 1. Norco 5/325mg, #30 SIG: take 1 daily as needed. 2. Lyrica 100mg, #120 SIG: 2 every morning, 2 every evening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg # 30 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of at least 6 months. Norco 5/325 mg # 30 with two refills is not medically necessary.

Lyrica 100 mg #120 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

Decision rationale: The MTUS states that Lyrica has FDA approval for painful diabetic neuropathy, postherpetic neuralgia, and fibromyalgia. The patient is not diagnosed with the above indications. In addition, a recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. Lyrica 100 mg #120 with two refills is not medically necessary.