

Case Number:	CM14-0181264		
Date Assigned:	11/05/2014	Date of Injury:	06/17/2003
Decision Date:	12/11/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/30/2014

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 & Rehabilitation and 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 55-year-old male who reported an injury on 06/14/2003. The mechanism of injury reported was when the injured worker was bending over cleaning a toilet and felt a sudden pain in his low back. The diagnoses included disc displacement with radiculitis of the lumbar spine, lumbosacral spondylosis without myelopathy, chronic pain syndrome, and nondependent tobacco use disorder. The previous treatments included medication, epidural steroid injections, and physical therapy. The diagnostic testing included an MRI of the lumbar spine. The medication regimen included Norco, Skelaxin, and Lyrica. Within the clinical note dated 10/07/2014, it was reported the injured worker complained of low back pain radiating into his bilateral lower legs. The patient rated his pain 4/10 in severity. Upon the physical examination, the provider noted the injured worker had paraspinal muscle tightness present in the lumbar region. There was a positive straight leg raise on the right at approximately 45 degrees, for low back pain and radicular pain. The injured worker had tenderness bilateral in the lower lumbar facets, right side worse than left side. The provider noted the injured worker had positive facet loading test on the right side. The range of motion was noted to be restricted and painful. The provider requested Norco for pain, and Lyrica. The Request for Authorization was submitted and dated 10/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Norco 10/325mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Opioids, On-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 77-78.

Decision rationale: The request for (1) Prescription of Norco 10/325mg #90 with 1 refill is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen in inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The provider failed to provide an adequate and complete pain assessment within the documentation. The use of a urine drug screen was not submitted for clinical review. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

(1) Prescription of Lyrica 150mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: The request for (1) Prescription of Lyrica 150mg #60 with 3 refills is not medically necessary. The California MTUS Guidelines recommend Lyrica for neuropathic pain, pain due to nerve damage. The guidelines note Lyrica has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered as a first line option for those treatments. The guidelines note this medication also has an antianxiety effect. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. There is lack of documentation indicating the injured worker is treated for anxiety or fibromyalgia. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.