

Case Number:	CM14-0184560		
Date Assigned:	11/12/2014	Date of Injury:	09/04/2009
Decision Date:	12/16/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/05/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 62-year-old male with complaints of neck and LUE pain. The date of injury is 09/04/09 and the mechanism of injury was while trying to close a defective refrigerator door in the warehouse and pulled his left side shoulder and neck. At the time of request for Norco 10/325 mg DND until 11/15/14 QTY: 90.00, Lyrica 75 mg QTY: 60.00, and Robaxin 750 mg QTY; 60.00, there are subjective (neck and LUE pain; current pain level 4/10, average 4/10 for the last 30 days, and at least 3/10), and objective (cervical exam showed increased tenderness, pinpoint spasms especially on the left, decreased ROM of the back with dysesthesia to the left lower extremity), findings, imaging/other findings (C-spine MRI dated 03/27/12 with right-sided foraminal stenosis at C3-4, central disk osteophyte at C4-C5, left-sided disk herniation at C5-C6, and bilateral foraminal stenosis worse on the left C6-7 and MRI dated 03/19/14 showed moderate to severe bilateral neuroforaminal narrowing at C6-C7 with broad based disc osteophyte complex. EMG/NCV of LUE dated 03/17/13 revealed borderline abnormal EMG consistent with mild left ulnar neuropathy across the elbow and the wrist), surgeries (arthroscopic left shoulder surgery in April 2010 and cervical transforaminal epidural steroid injection on 05/13/11.), current medications (Norco, Relafen, Colace, Robaxin, and Lyrica.), allergies (Sumatriptan), diagnoses (persistent neck pain, LUE pain, chronic left shoulder pain status post arthroscopic left shoulder surgery in April 2010), treatment to date (acupuncture gave benefit; medications; cervical epidural injection decreased pain for 10 days; previous UDS are consistent; pain contract in chart.). The request for Norco 10/325 mg DND until 11/15/14 QTY: 90.00, Lyrica 75 mg QTY: 60.00, and Robaxin 750 mg QTY; 60.00 was denied on 10/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg DND until 11/15/14 QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: When to continue Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 74-84.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "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 nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." There is documentation of significant improvement in pain level/function. There is a record of a urine drug test to monitor this patient's compliance. Also a pain contract has been signed with the patient. Therefore, the medical necessity for Norco has been established based on guidelines and documentation.

Lyrica 75 mg QTY: 60.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregablin (Lyrica) Page(s): 19-20, and 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs/Lyrica Page(s): 16-18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Pregabalin (Lyrica)

Decision rationale: As per CA MTUS and ODG guidelines, Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. It is also FDA approved for treatment for generalized anxiety disorder and social anxiety disorder. Furthermore, AEDs (antiepilepsy drugs including lyrica and neurontin) are recommended first line treatment for generalized neuropathic pain. In this case, there is documentation that the patient has been diagnosed with neuropathic pain. There is documentation of significant improvement in pain level (i.e. VAS)/ function on Lyrica. Thus, the medical necessity has been established.

Robaxin 750 mg QTY; 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methocarbamol (Robaxin, Relaxin, generic available) Muscle relaxants Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Robaxin Page(s): 64-65.

Decision rationale: According to the CA MTUS guidelines, Methocarbamol Robaxin is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. In this case, there is no documentation of substantial spasm unresponsive to first line therapy. Furthermore, there is no evidence of any significant functional improvement with prior use. Also, Robaxin has been prescribed regularly by the requesting physician and chronic use of muscle relaxants is not supported. Therefore, the request is not considered medically necessary according to the guidelines.