

Case Number:	CM14-0098366		
Date Assigned:	07/28/2014	Date of Injury:	10/06/2004
Decision Date:	10/08/2014	UR Denial Date:	06/07/2014
Priority:	Standard	Application Received:	06/26/2014

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 Texas and Florida. 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 patient is a 38 year old male who was injured on 10/6/2004. The diagnosis is low back pain. There is associated diagnosis of muscle spasm. On 5/5/2014, it was noted that subjective complaints of low back pain radiating to the right hip. There were objective findings of muscle spasm, tenderness and decreased range of motion of the affected parts. The pain score was 7-8/10 without medications and 6/10 with medications on a scale of 0 to 10. The medications enabled the patient to improve ADL and do household chores. It was noted that on 4/4/2014, the dose of Norco was increased from 10/325mf to 20/325mg. A Utilization Review determination was rendered on 6/7/2014 recommending modified certifications for Norco 20/325mg #150 to #112 and Lyrica 75mg #60 to 15.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 20/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; On-Going Management; When to Discontin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The CA MTUS recommend that opioids can be utilized in the treatment of acute exacerbation of chronic musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of high dose opioid medication is associated with the development of tolerance, addiction, adverse interactions with other sedatives and opioid induced hyperalgesia states. The records indicate that the dosage of Norco was increased on 4/4/2014 but there was no resultant improvement in the analgesic effect, indicating the possibility of a hyperalgesia state. There is lack of documentation of compliance measures such as Pain Contract, Pills count, absence of aberrant behavior or UDS. The criteria for the use of Norco 20/325mg #150 were not met, therefore, the request is not medically necessary.

1 Prescription for Lyrica 75mg #60: Overturned

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 Page(s): 16-22.

Decision rationale: The CA MTUS recommend that anticonvulsant medications can be utilized for the management of neuropathic and some musculoskeletal pain that did not respond to standard treatment with NSAIDs and physical therapy. The records indicate that the patient was diagnosed with lumbar radiculopathy and painful muscle spasm. The patient reported improvement with ADL and reduction in pain with utilization of the medications. The criteria for the use of Lyrica 75mg #60 was met, therefore, request is medically necessary.