

Case Number:	CM14-0215323		
Date Assigned:	02/04/2015	Date of Injury:	05/14/2003
Decision Date:	03/24/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and elbow pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of May 14, 2003. In utilization review reports of December 4, 2014, the claims administrator failed to approve a request for Lyrica and Norco. The claims administrator referenced a progress note of November 17, 2014 in its determination. The applicant's attorney subsequently appealed. On November 17, 2014, the applicant reported ongoing complaints of neck pain, upper extremity pain, and upper extremity paresthesias. The applicant was on Norco, Elavil, Butrans, and Lyrica. 7/10 pain with medications versus 9-10/10 pain without medications was appreciated. The applicant apparently stopped Lexapro secondary to sedation with the same. The applicant stated that she would be unable to wash her hair and/or perform cooking without her medications. The applicant was placed off work, on total temporary disability, while multiple medications were refilled, including Norco and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20 26-27 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatme.

Decision rationale: 1. No, the request for Lyrica (pregabalin) was not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant was/is off work, on total temporary disability, despite ongoing usage of Lyrica. Ongoing usage of Lyrica has failed to curtail the applicant's dependence on opioid agents such as Butrans and/or Norco. The attending provider's commentary to the effect that the applicant's pain scores were reduced from 9-10/10 without medications to 7/10 with medications on November 17, 2014 does not, in and of itself, constitute evidence of meaningful or material improvement effected as a result of ongoing Lyrica usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of Lyrica. Therefore, the request was not medically necessary.

Norco 10-325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20, 26-27 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 97.

Decision rationale: 2. Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off work, on total temporary disability, it was acknowledged in November 2014. The attending provider's reports of reduction in pain scores from 9-10/10 without medications to 7/10 with medications does not, in and of itself, constitute evidence of a meaningful or material improvement in function effected as a result of the same and is, furthermore, outweighed by the applicant's failure to return to work. Similarly, the attending provider's commentary to the effect that the applicant is able to wash her hair and/or perform cooking chores likewise does not, in and of itself, constitute evidence of a meaningful or substantive improvement in function effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.