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| Case Number: | CM15-0105109 | | |
| Date Assigned: | 06/09/2015 | Date of Injury: | 09/09/2006 |
| Decision Date: | 07/15/2015 | UR Denial Date: | 05/19/2015 |
| Priority: | Standard | Application Received: | 06/01/2015 |

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 46 year old male who sustained an industrial injury on 9/9/06. The injured worker was diagnosed as having lumbago, intervertebral disc disorder, spondylolisthesis and thoracic or lumbosacral neuritis or radiculitis unspecified. Currently, the injured worker was with complaints of right lower extremity pain. Previous treatments included medication management. Previous diagnostic studies included an electromyography and radiographic studies revealing L3-4 slight retrolisthesis, exuberant osteophytes; other sclerosis. The injured workers pain level was noted as 10/10. Physical examination was notable for lumbar spine decreased flexion and extension as well as decreased lateral bending. The plan of care was for diagnostic testing and medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Electromyography/Nerve Conduction Velocity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic): electromyography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: ACOEM guidelines state that EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG states that NCV are not recommended for low back conditions. In this case, the patient has 2 previous electrodiagnostic studies, in 2010 and 2012, which showed left L5 radiculopathy and right S1 radiculopathy. EMG is not necessary if clinical radiculopathy is already obvious. In this case, there is no rationale for a repeat EMG/NCV and the request is not medically necessary or appropriate.

Lyrica 75mg quantity 60 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin; Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-20.

Decision rationale: Lyrica (Pregabalin) has been documented to be effective in treating diabetic neuropathy and postherpetic neuralgia. It is considered a first-line agent for the treatment of neuropathic pain. In this case the patient had been on chronic Neurontin since 2012 and it was no longer effective for pain relief and functional improvement. The MTUS guidelines recommend a two month trial of Lyrica in cases such as this. The request, however, is for one month with two refills for a total of three months, which exceeds the guideline recommendation. Thus this request is found not medically necessary in its present form.

Norco 10/325mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: Opioids such as Norco are recommended by the CA MTUS for moderate to moderately severe pain. Greater than 6 months of usage requires documentation of pain relief and functional improvement on the drug. In addition, documentation of adverse reactions and presence of aberrant drug-taking behavior is necessary. In this case, the patient has been prescribed Norco since March, 2015 without any quantitative documentation of functional improvement. The patient in fact reports increased pain and worsening condition. Therefore, this request is deemed not medically necessary or appropriate.