

Case Number:	CM15-0115438		
Date Assigned:	06/23/2015	Date of Injury:	04/12/2012
Decision Date:	07/24/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/16/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 73-year-old female who sustained an industrial injury on 04/12/2012. Diagnoses include bilateral upper extremity radiculopathy, left total shoulder replacement 4/2013, status post cervical decompression and fusion 3/2014 with residual pain, chronic neck pain and neuropathic pain in the bilateral upper extremities. Treatment to date has included medications. According to the progress notes dated 5/27/15, the IW reported constant neck pain rated 7/10 and frequent right elbow pain rated 6/10, which radiated down to the fingers with associated numbness and tingling. She commented that the neck pain was worse since her last office visit and the elbow pain remained the same. She also reported anxiety, depression and insomnia. It was documented that her medications, Norco, Tramadol, Lyrica and Cymbalta provided 70% relief of her symptoms. On examination, range of motion (ROM) of the cervical spine was reduced by 50% and Spurling's test was positive on the right. ROM of the left shoulder was decreased by 35% and impingement test was positive. Sensory exam of the bilateral upper extremities was normal; motor strength was 4/5 in the deltoids muscle group. Deep tendon reflexes were 1+ in the biceps and brachioradialis bilaterally. A request was made for Lyrica 100mg, #30 and Norco 10/325mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (Pregabalin), Anti-epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-21.

Decision rationale: Regarding request for pregabalin (Lyrica), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement). Additionally, notes do not indicate what specific analgesic efficacy is attributed to Lyrica. Antiepileptic drugs should not be abruptly discontinued but unfortunately, there is no provision to modify the current request. As such, the currently requested pregabalin (Lyrica) is not medically necessary.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement). Additionally, notes do not indicate what specific analgesic efficacy is attributed to Norco. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.