

Case Number:	CM15-0124946		
Date Assigned:	07/09/2015	Date of Injury:	03/17/1999
Decision Date:	08/11/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/29/2015

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: Arizona, Michigan

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 injured worker is a 62-year-old female, who sustained an industrial injury on March 17, 1999. The injured worker was diagnosed as having lumbago, cervical pain/cervicalgia, pain/foot/leg/arm/finger, myofascial pain syndrome/fibromyalgia and neuropathy in diabetes. Treatments and evaluations to date have included vocational rehabilitation and medication. Currently, the injured worker complains of lower back, left leg, and neck pain. The Primary Treating Physician's report dated April 30, 2015, noted the injured worker reported her pain currently as 8/10 with medication, pain level usually 2/10 with medications, and 9-10/10 without medications. The injured worker was noted to be out of her Lyrica, and would soon be out of her Norco, in withdrawal per the Physician. The injured worker was noted to get great relief with the Lyrica, active working at home and gardening, and without medication she would have to stay at home, not able to cook and clean and have no outdoor activity which she lives for. The injured worker's current medications were listed as Norco, Lyrica, and Senokot. Physical examination was noted to show tenderness at the cervical spine and lumbar spine. The treatment plan was noted to include continued current medication with start of reduction for Norco to #150 and to stay at the same Lyrica dose as it was low and most helpful. The injured worker was noted to be permanently disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 25mg capsule, 1 capsule PO BID NTE 2/day, 30 days, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs (Antiepilepsy drugs), Pregabalin (Lyrica) Page(s): 16-20, 99.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." The MTUS Chronic Pain guidelines notes antiepilepsy drugs (AEDs) are recommended for neuropathic pain, a "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. 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. Pregabalin (Lyrica) has been approved as a first-line treatment by the FDA for the treatment of diabetic neuropathy and postherpetic neuralgia, and has also been approved to treat fibromyalgia. Lyrica (Pregabalin) has been associated with many side effects including edema, central nervous system (CNS) depression, weight gain, and blurred vision, with somnolence and dizziness reported to be the most common side effects related to tolerability. The documentation submitted provided sufficient evidence of functional improvement after the treatment to date. Functional improvement is evident in the documentation provided by the injured worker's improvement in ability to be actively working at home and gardening. The injured worker is noted to have the diagnoses of myofascial pain syndrome/fibromyalgia and diabetic neuropathy, both FDA approved for treatment with Lyrica. The injured worker's pain response was noted to be 3/10 with medications, increased to 10/10 without her Lyrica for three days on April 2, 2015, unable to do activities, with increased lower extremity pins and needles and with a lot of sitting during the day. The injured worker was noted to have no side effects or sedation with her medication. On April 30, 2015, the injured worker was noted to have been out of the Lyrica for three days, noted to be in withdrawal, with her pain rated at 8/10 with her medications. Based on the MTUS guidelines, the documentation provided supported the medical necessity of the request for Lyrica 25mg capsule, 1 capsule by mouth (PO) twice a day (BID) not to exceed (NTE) 2/day, 30 days, #60.

Norco 10/325mg tablet, 1 tablet PO, q5hrs prn 30 days, #150: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The injured worker was noted to have to stay at home, unable to cook, clean, or have any outdoor activity without her medications. The documentation provided did not include objective, measurable improvement in the injured worker's pain or function with the use of the Norco. There was no documentation of the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the Norco, how long it takes for pain relief, or how long the pain relief lasts with use of the Norco, and there was no documentation of a narcotic contract or a CURES report for monitoring the injured worker's use of the opioid. Therefore, based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for Norco 10/325mg tablet, 1 tablet by mouth (PO), q5hrs prn 30 days, #150.