

Case Number:	CM15-0176060		
Date Assigned:	09/17/2015	Date of Injury:	09/17/1999
Decision Date:	10/19/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/08/2015

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: Massachusetts

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 is a 62 year old female with an industrial injury dated 09-17-1999. According to medical record review she was being treated for brachial neuritis or radiculitis, cervicgia, chronic pain syndrome, degeneration of cervical intervertebral disc and gastroesophageal reflux disease. She presented on 08-03-2015 for "her routine office visit and medication refills." Documentation notes the injured worker says her pain is "worse." She has trouble sleeping every few nights and is unable to sleep because of pain. The pain is documented as neck pain that radiates down her arms and first three digits are numb. Her pain score without medication is documented as 7 out of 10 without medication and with medication 4 out of 10. She reported Lyrica relieved her pain enough so she could sleep. Documentation notes the injured worker reports that the benefit of chronic pain medication maintenance regimen, activity restriction and rest continue to keep pain within a manageable level to allow her to complete necessary activities of daily living such as walking, shopping and light household chores. The provider documented she "had an epidural in January which has allowed her to increase her daily walking to 45 minutes a day but now she is concerned with the increase in pain, she is worried she may not be able to continue with her exercise." "Her epidural in January provided relief for five months with a slow return of pain and numbness in her fingers." Her medications included Lyrica, Omeprazole, Norco, Paroxetine and Lisinopril. Objective findings are documented by the provider as "no cognitive abnormalities; unimpaired from medication viewpoint." "Patient in tears during today's visit." Cervical findings are documented as "severe pain and spasms in the cervical region" with positive Spurling. Flexion is documented as 10% and extension is documented as 70% ("causes the most pain."). Rotation was 20% restricted. Progress note dated 04-24-2015 documented pain score without medication as 8 out of 10 and with medication 4 out

of 10. In the progress note dated 03-13-2015 (earliest note submitted) the injured worker presented as a "walk in due to severe neck and low back pain with no relief with her current medications." Her pain was documented as 7-8 out of 10 without medication and 6 out of 10 with medications. Her medications were listed as Lyrica, Omeprazole, Norco, Paroxetine and Lisinopril. Prior treatment included pain medication, heat, ice, epidural steroid injection and rest. The request for authorization dated 08-03-2015 is for Norco 10-325 mg quantity 90 and Lyrica 75 mg quantity 90. On 08-13-2015 the request for Norco 10-325 mg quantity 90 and Lyrica 75 mg quantity 90 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

Decision rationale: The claimant has a remote history of a work injury occurring in September 1999 and continues to be treated for neck pain with radiating upper extremity symptoms. Medications are referenced as decreasing pain from 7/10 to 4/10 with improvement in activities of daily living and sleep. When seen, there had been improvement after an epidural injection. She was having increasing pain. Physical examination findings included cervical muscle spasms and positive Spurling's testing. There was decreased cervical spine range of motion. There was decreased upper extremity sensation with dysesthesias and positive Tinel's testing at the carpal tunnel. Norco and Lyrica were being prescribed and the doses were increased. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. Norco (hydrocodone/acetaminophen) is a short acting combination opioid medication often used for intermittent or breakthrough pain. In this case, the dose was increased when the claimant was having increased pain and it had previously provided decreased pain and improved function. There were no identified issues of abuse or addiction and the total MED prescribed remained less than 120 mg per day consistent with guideline recommendations and no refills were given.

Prescribing was appropriate and medically necessary.

Lyrica 75 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The claimant has a remote history of a work injury occurring in September 1999 and continues to be treated for neck pain with radiating upper extremity symptoms. Medications are referenced as decreasing pain from 7/10 to 4/10 with improvement in activities of daily living and sleep. When seen, there had been improvement after an epidural injection. She was having increasing pain. Physical examination findings included cervical muscle spasms and positive Spurling's testing. There was decreased cervical spine range of motion. There was decreased upper extremity sensation with dysesthesias and positive Tinel's testing at the carpal tunnel. Norco and Lyrica were being prescribed and the doses were increased. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. Antiepilepsy drugs such as Lyrica are recommended for neuropathic pain. Initial dosing of Lyrica is 50 mg three times per day with a maximum dose of up to 600 mg per day. In this case, the dose was increased when the claimant was having increased pain and it had previously provided decreased pain and improved function. The requested dosing remained consistent with guideline recommendations. Prescribing was appropriate and medically necessary.