

Case Number:	CM15-0178724		
Date Assigned:	09/21/2015	Date of Injury:	04/30/2013
Decision Date:	10/23/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/11/2015

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: 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 54 year old male, who sustained an industrial injury on 4-30-2013. He reported injuries to the back, elbows, and shoulder from a fall. Diagnoses include lumbar radiculopathy secondary to foraminal stenosis and disc herniation, status post lumbar fusion. Treatments to date were not documented in the medical records submitted for this review. Currently, he complained of low back pain with radiation to bilateral lower extremities associated with numbness. On 6-12-15, the physical examination documented decreased sensation and strength to the left lower extremity. He was noted to be unable to stand on the left leg without loss of balance and equilibrium. The straight leg raising test was positive in the right side. There were muscle spasm and decreased lumbar range of motion. A lumbar spine MRI obtained on 6-8-15, was documented to reveal muscle surgical changes, posterior fluid collection consistent with a post-operative fluid collection within the operative side, disc protrusion causing bilateral foraminal stenosis. The plan of care included a lumbar CT Myelogram. The appeal requested authorization for Norco 10-325mg #120; and Lyrica 75mg #60. The Utilization Review dated 8-26-15, modified the request to allow Norco 10-325mg #60; and Lyrica 75mg #30, indicating the available documentation did not support that the California MTUS Guidelines had been met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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 for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for an extended period without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #120 is determined to not be medically necessary.

Lyrica 75mg #60: Upheld

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): Antidepressants for chronic pain.

Decision rationale: The MTUS Guidelines recommend the use of Lyrica for the treatment of diabetic neuropathy and post-herpetic neuralgia. Antiepileptic drugs are recommended for the treatment of neuropathic pain. The injured worker has been on this medication for substantial time without documentation of the benefit received from it. The guidelines define a good response as a 50% reduction in pain and a moderate response as a 30% reduction. Anti-epilepsy drugs are also recommended if they are successful in reducing the use of opioid pain medications, which has not been documented. Lyrica should not be discontinued abruptly, and weaning should occur over a one-week period. This request is not for a weaning dose however. The request for Lyrica 75mg #60 is determined to not be medically necessary.