

Case Number:	CM15-0179477		
Date Assigned:	09/21/2015	Date of Injury:	07/15/2006
Decision Date:	10/27/2015	UR Denial Date:	08/24/2015
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: Emergency 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 68 year old female, who sustained an industrial injury on July 15, 2006. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having left knee arthroscopy, right rotator cuff reconstruction, right knee degenerative joint disease and chronic pain. Treatment to date has included diagnostic studies, surgery, interferential unit and medication. The interferential unit was reported to provide "some relief." On August 13, 2015, the injured worker complained of bilateral knee and right shoulder pain. Physical examination of the right shoulder revealed a well healed surgical scar. Right shoulder range of motion was 160 degrees abduction, 160 degrees flexion and 10 degrees of external and internal rotation. Physical examination of the right knee revealed crepitation with range of motion. The left knee had a well healed surgical arthroscopy scar and there was 0-120 degrees of flexion. Notes stated that her Norco and Lyrica medications are working. The Lyrica medication was allowing her to use low dose Norco with "significant relief." The treatment plan included Lyrica and Norco medications. On August 24, 2015, utilization review denied a request for Lyrica 75mg #60 and Norco 10-325mg #60. A progress note/letter of appeal dated 8/10/15 and 9/10/15 was reviewed. In it besides claiming that "it is unfair" to deny Lyrica, the provider has not documented any justification for the prescribing of this medication except that it is used for various pains but provides no other evidence to support such a claim. Documentation merely states "it is working" with no documented objective measures provided in report. There is no documentation of any benefit from medications under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

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): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic): Anti-epilepsy drugs (AEDs) for pain.

Decision rationale: As per MTUS Chronic pain guidelines, Antiepilepsy drugs (AEDs) may be useful in neuropathic pain but data is limited. Lyrica is FDA approved for diabetic neuropathy and postherpetic neuralgia only (and recently fibromyalgia). It is sometimes used off-label for low back pain and radicular pain. Provider's notes provide no documentation of any neuropathic pain or radicular pain. Pt has been on this medication chronically and shows no objective improvement in pain or function, provider only claims subjective improvements. Lyrica is not medically necessary.

Norco 10/325mg #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): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. There is no documentation of any objective improvement in pain or functional status, just subjective claims of improvement. There is no long term plan documented or plan for weaning from chronic opioid use. Documentation fails to support request for Norco. Norco is not medically necessary.