

Case Number:	CM15-0069944		
Date Assigned:	04/17/2015	Date of Injury:	08/12/1998
Decision Date:	05/18/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/13/2015

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, California
 Certification(s)/Specialty: Family Practice

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 59 year old female who sustained an industrial injury on August 12, 1998. Prior treatment includes acupuncture, discogram, epidural steroid injection, facet joint injection, heat/ice therapy, massage therapy, physical therapy, medications and TENS unit. Currently the injured worker complains of whole body pain. She rates her pain a 9 on a 10-point scale without medications and reports that she is unable to function with her activities of daily living. Diagnoses associated with the request include cervical radiculitis, post laminectomy syndrome of the cervical spine, myospasm, headache and fibromyalgia. Her treatment plan includes Keppra, Norco and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Keppra 500mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Levetiracetam (Keppra).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiepileptic medications and pg 16 and 22.

Decision rationale: According to the guidelines, anti-epileptics are indicated for neuropathic pain. Keppra should be used when Gabapentin or Lyrica has failed. The claimant did have improvement with Keppra use for neuropathic symptoms. In this case, there was no mention of failure of the above medications. This class of medications are also predominantly indicated for diabetic and herpetic neuropathy and CRPS. As a result, the continued use of Keppra is not indicated.

One prescription for Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over a year with intermittent combination with other opioids , SSRIS and SSRIs. Chronic use is not indicated. A weaning attempt or lower dose was not mentioned. The continued use of Norco is not medically necessary.