

Case Number:	CM15-0071091		
Date Assigned:	04/21/2015	Date of Injury:	12/10/2004
Decision Date:	05/19/2015	UR Denial Date:	03/21/2015
Priority:	Standard	Application Received:	04/14/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 was a 54-year-old female, who sustained an industrial injury, December 10, 2004. The injured worker previously received the following treatments Norco, Prozac, Lyrica, Wellbutrin, EMG/NCS (electrodiagnostic studies and nerve conduction studies), lumbar spine MRI, testosterone levels, random toxicology studies, acupuncture treatments, physical therapy, water therapy at the gym and home exercise program. The injured worker was diagnosed with chronic low back pain, left L5 radicular pain with positive EMG studies, lumbar spine spondylolisthesis with facet arthropathies at L5-S1 and morbid obesity. According to progress note of February 5, 2015, the injured workers chief complaint was ongoing lower back pain with radicular pain in the lower extremities. The epidural injection was on hold, due to increased blood sugars. The injured worker rated the pain at 7 out of 10; 0 being no pain and 10 being the worse pain. The Norco was effective in 30 minutes and provided relief for 4 hours. The physical exam noted limited and painful range of motion. There was tenderness with palpation to the lumbar paraspinal muscles. The injured worker ambulated with a cane. The treatment plan included prescription for Norco and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of improvement of activity of daily living. Therefore, the prescription of One (1) prescription of Norco 10/325mg #120 is not medically necessary.

One (1) prescription of Lyrica 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 20.

Decision rationale: According to MTUS guidelines, "Lyrica is an anti-epilepsy drug (AEDs - also referred to as anti-convulsant), which has been shown to be effective for treatment of diabetic; painful neuropathy and post-therapeutic neuralgia; and has been considered as a first-line treatment for neuropathic pain." There is no clear documentation of neuropathic pain in this patient that responded to previous use of Lyrica. There is no clear proven efficacy of Lyrica for back pain. Therefore, One (1) prescription of Lyrica 100mg #120 is not medically necessary.