

Case Number:	CM15-0073935		
Date Assigned:	04/24/2015	Date of Injury:	05/19/2013
Decision Date:	06/11/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/17/2015

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 30-year-old male, with a reported date of injury of 05/19/2013. The diagnoses include cervical radiculopathy and chronic pain syndrome involving the right upper extremity. Treatments to date have included physical therapy, electrodiagnostic studies, and oral medications. The progress report dated 03/11/2015 indicates that that the injured worker's most recent urine drug screen (04/02/2014) was consistent with the prescribed medication. He continued to experience chronic neck pain and right upper extremity pain. The injured worker rated his pain 10 out of 10, and he denied any new changes in pain since the last visit. He continued to take six Norco tablets daily, which provided him with 100% pain relief. It was noted that the Lyrica helped to reduce the neuropathic pain by 50%. The medications allowed the injured worker to perform his activities of daily living. The objective findings included mild to moderate discomfort, guarding of the right upper extremity, limited cervical range of motion in all planes, moderate tenderness of the bilateral cervical paraspinal muscles, diminished light touch sensation over the fourth and fifth digits of the right hand, and decreased right grip. On 10/21/2014, it was documented that the injured worker rated his pain 9-10 out of 10. The effect of Norco did not last six hours, and it brought his pain down from 10 out of 10 to a 5 out of 10. The treating physician requested Lyrica 75mg #60 and Norco 10/325mg #180. The CURES report was reviewed and was consistent with prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AED.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 19.

Decision rationale: According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnosis. The claimant had been on Lyrica along with Norco. There was also conflicting information on (3/11/15) about Norco providing 100% relief and Lyrica 50% relief (combined both medications would not be needed or the dose should be reduced). There is no indication for continued use and the Lyrica is not medically necessary.

Norco 10/325 mg #180: Upheld

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

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 several months. Although it provided good pain relief, there was no mention of failure of Tylenol or Tricyclic use. Long-term use of opioids is not recommended and the continued use of Norco is not medically necessary.