

Case Number:	CM15-0074848		
Date Assigned:	04/24/2015	Date of Injury:	02/14/2006
Decision Date:	05/27/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/20/2015

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: Ohio, North Carolina, Virginia
 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 2/14/06. The injured worker was diagnosed as having major depression, failed lumbar spine fusion and left shoulder rotator cuff tendon tear. Treatment to date has included lumbar surgery, physical therapy, psychotherapy, oral medications including opioids. Currently, the injured worker complains of increased depression, anxiety, decreased energy, neuropathic pain in bilateral feet and neck. Physical exam noted worsening depression, anxiety, crying spells, insomnia, constant worries and migraines and mood worsened to point of hopelessness with increased pain. The treatment plan included continuation of psychotherapy and continuation of oral medications including Norco and Lyrica and left arm splint.

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 Treatment Guidelines Opioids, Weaning of Medications Page(s): 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement definition and Opioids Page(s): 1, 74-96.

Decision rationale: Those prescribed opioids chronically require ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Pain levels should be assessed at each visit. Functionality should be measured by a validated instrument every 6 months. Typical questions regarding pain should include least pain, average pain, worst pain, duration of analgesia, and time to onset of analgesia from prescribed opioids. Urine drug screening should be performed at least annually. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. In this instance, there is no indication of pain relief or functional improvement in the submitted medical record. There is no indication of monitoring for aberrant drug taking behavior. As such, Norco 10/325 mg #120 is not medically necessary and appropriate per the referenced guidelines and in view of the submitted medical record. The treating physician should consult appropriate guidelines for weaning.

Lyrica 200mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-19.

Decision rationale: A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. AEDs are associated with teratogenicity, so they must be used with caution in woman of childbearing age. Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. In this instance, the injured worker has developed diabetes in part as a consequence of her industrial injury; she has a diabetic peripheral neuropathy as a consequence. The Lyrica was prescribed by a neurologist, the notes from who are not included for review. Other physicians have noted pain relief and improved sleep as a consequence of the Lyrica and a return to pain when it has been withheld. Therefore, Lyrica 200 mg #60 is medically necessary and appropriate.