

Case Number:	CM14-0140770		
Date Assigned:	09/10/2014	Date of Injury:	05/08/2002
Decision Date:	10/22/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	08/30/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 75 year-old male who was reportedly injured on May 8, 2002. The most recent progress note dated July 18, 2014, indicates that there are ongoing complaints of pain, and the injured employee return the Senate pain contract. It is reported there is persistent and chronic low back pain. The physical examination demonstrated an altered gait pattern, positive left straight leg raising and absent knee for reflexes. No other findings are reported. Diagnostic imaging studies objectified postoperative changes with no cord compromise. Previous treatment includes lumbar spine surgery (2003) multiple medications, physical therapy, aquatic therapy and pain management interventions. A request was made for multiple medications and was not certified in the pre-authorization process on August 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for Norco 10/325mg #90 x 4 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate used for the management of intermittent moderate to severe breakthrough pain. The MTUS treatment guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic low back pain, but there is no data presented to suggest that this medication has any efficacy or utility in terms of increased functionality, and decrease symptomology or improved activity. It is noted that recent aquatic therapy has helped but there is simply no information demonstrating the efficacy of this medication. Review of the available medical records fails to documents any objective or clinical improvement in their pain or function with the current regimen. As such, this request is not considered medically necessary.

Prospective Request for Lyrica 50mg #90 x 4 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19, 99 of 127..

Decision rationale: The California MTUS guidelines support Lyrica for the treatment of pain associated with neuropathy, post-herpetic neuralgia and fibromyalgia. The medication is designated as a schedule V controlled substance because of the casual relationship with euphoria. The claimant reports chronic back pain with radiation to lower extremities after a work related injury; however, there is limited objective documentation of neuropathic pain and/or radiculopathy. Specifically, one notes the long-term use of this medication but there is no data presented to suggest any efficacy or utility in terms of increased functionality or decrease symptomology. As such the medical necessity cannot be established.

Prospective Request for Soma 350mg #30 x 4 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29 of 127.

Decision rationale: The MTUS specifically recommends against the use of soma and indicates that it is not recommended for long-term use. Based on the clinical documentation provided, the clinician does not provide rationale for deviation from the guidelines. As such with the very specific recommendation of the MTUS against the use of this medication, this medication is not determined to be medically necessary.