

Case Number:	CM14-0206138		
Date Assigned:	12/15/2014	Date of Injury:	08/08/2013
Decision Date:	11/30/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 58 year old female who sustained an industrial injury on 08/08/2013. Medical records indicated the worker was treated for an injury to her right eye. Diagnoses include right eye contusion with residual irritation, need for corrective lenses, cervical and thoracic cephalgia. Post concussive syndrome, and major depressive disorder. On examination, of 11-05-2015 there is report of pain in the eye described as an intermittent feeling of pins and needles, pressure and soreness. She describes her eye pain as 2 on a scale of 0-10. There is no history of vertigo-dizziness. There is a recent history of falls. Her neck pain is described as sudden onset constant deep, aching, cramping and shooting made worse by lifting and turning side to side. There is no history of vertigo or dizziness. She has a recent history of falls, and there is no history of fibromyalgia. Past treatments include chiropractic care and psychotherapy. The worker states she has been seen by an ophthalmologist who prescribed eye drops. On exam, she has intact sensation to light touch with demarcation between dull and sharp in dermatomes C-T1 in the upper extremities bilaterally and in dermatomes L2-S1 in the bilateral lower extremities. Also, there was spasm of the trapezius muscles with decreased range of motion. She is awake, oriented to person, place and time with intact recent memory and normal mood and affect. There is visible atrophy to the right scalene and right trapezius when compared to the left. Extra-ocular muscles are intact. Since her last exam, the worker has improved but slower than expected. The plan is to request MRI of brain, as well as medications. There is no change in work status. There is no change in condition. Trigger point injections to the posterior cervical spine are requested. Norco is prescribed, and topical cream to painful areas is prescribed. Lyrica is ordered with a titrating dose upward. A request for authorization was submitted for Norco 5/325mg #60, Lyrica 50mg #60, and Pennsaid Topical Solution (quantity unknown). A utilization review decision 11/24/2014 non-certified the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG (Pain / Opioids for chronic pain) states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 11/5/15. Therefore the determination is for non-certification. The request is not medically necessary.

Lyrica 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Per the CA MTUS Chronic Pain Treatment Guidelines page 19, Specific Anti-Epilepsy Drugs, Lyrica / Pregabalin is indicated for diabetic painful neuropathy and post-herpetic neuralgia and is considered first line treatment for neuropathic pain. In this case, the exam note from 11/5/15 does not demonstrate evidence neuropathic pain or demonstrate percentage of relief, the duration of relief, increase in function or increased activity. Therefore medical necessity has not been established, and determination is for non-certification

Pennsaid Topical Solution (quantity unknown): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain regarding Diclofenac/Pennsaid.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Diclofenac Topical.

Decision rationale: CA MTUS/ACOEM is silent on the issue of Pennsaid topical solution which is topical Diclofenac. According to the ODG, Pain section, Diclofenac Topical, it is not recommended as a first line treatment but is recommended for patients at risk for GI events from oral NSAIDs. In this case the exam note from 11/5/15 does not demonstrate prior adverse GI events or intolerance to NSAIDs. Given the lack of documentation of failure of oral NSAIDs or GI events, the determination is for non-certification. The request is not medically necessary.