

Case Number:	CM13-0006676		
Date Assigned:	12/27/2013	Date of Injury:	09/17/2009
Decision Date:	03/14/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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 patient is a 56-year-old female who reported a work-related injury on 09/17/2009; specific mechanism of injury was not stated. The patient presents for treatment of the following diagnoses: status post multiple level lumbar spine fusion, cervical spine IVD syndrome, sciatica, status post lumbar spine fusion with signs of cauda equina syndrome with residual radicular complaints, and status post lumbar fusion with possible pseudarthrosis at L4-5. The patient is seen in clinic under the care of [REDACTED] as of 09/12/2013. The provider documents the patient continues to treat with a different provider who recommended Lyrica; however, this was not approved. The provider documents the patient continues to have moderate difficulties with ADLs secondary to chronic low back pain. Upon physical exam of the patient, the provider documented no antalgic was observed, there was tenderness to palpation along the paravertebral muscles of the lumbar spine with spasm formation, and range of motion remained decreased in both flexion and extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg twice a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The current request is not supported. California MTUS indicates, "Lyrica is an anticonvulsant that has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia. This medication is designated as a schedule V controlled substance because of its causal relationship with euphoria." The clinical notes failed to evidence the patient's reports of efficacy with utilization of this medication such as duration of use, decrease in rate of pain with use, and the patient's subjective improvement with neuropathic pain complaints. The clinical notes furthermore fail to document the patient utilizing other lower levels of medication for her neuropathy to include gabapentin or other AEDs. Given the lack of documentation submitted evidencing the patient's reports of efficacy with use of Lyrica, the request for Lyrica 50 mg twice a day is not medically necessary or appropriate.

Ultram ER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93,94,74.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to indicate the patient's reports of efficacy as noted by a decrease in rate of pain on a VAS and increase in objective functionality as result of utilizing her medication regimen. California MTUS indicates Ultram is a synthetic opioid affecting the central nervous system. California MTUS also indicates, "4 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 As" (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 for documentation of the clinical use of these controlled drugs." Given all of the above, the request for Ultram ER is not medically necessary or appropriate.