

<b>Case Number:</b>	CM13-0013710		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	11/17/2011
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### 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 & 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 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 patient is a 48 year old male who was injured on 11/17/2011. The patient was Struck by another forklift. He experienced whiplash as his head, arms, and shoulders were twisted from left to right. The right side of his head also struck the frame of the Forklift. Prior treatment history has included Lyrica, Ultram, and Mobic. 08/14/2013 Medications Include: Keppra XR 500 mg Lyrica 150 mg Tramadol 50 mg Meloxicam 15 mg Diagnostic studies reviewed include: Digital radiographic biomechanical mensuration performed on 02/03/2013 revealed: 1) An abnormal line of weight paring of 3.01 mm anterior; lateral posterior vertebral offset at L2 and L5 2) Interruption of the George's line at L2/L3 and L5/S1 are indicative of ligamentous instability or sub failure; ligamentous instability is suggested in the lumbar spine. X-ray of the lumbar spine, 2 or 3 views, performed on 02/01/2013 revealed: 1) Degenerative disc space narrowing and osteophyte formation L2-3 2) No spondylolisthesis or instability X-ray of the lumbosacral spine, standing/weightbearing, 4 views, performed on 01/29/2014 revealed findings to be the similar to compared x-rays dated 05/06/2013. X-rays of the lumbosacral spine oblique, standing/weight bearing, 2 views, performed on 01/29/2014 revealed: 1) L4-5 and L5-S1 facet deteriorative changes are present with areas of bony sclerosis and joint space narrowing. Although the L5-S1 level is transitional, there are reasonably developed facet joints 2) Otherwise, the lower thoracic and remaining lumbar facet joints appeared to be intact, as do the psoas muscle outlines and the sacroiliac joints; There are traditional lateral masses to the L5 transverse processes, which are nearly fused, but presumably forming limited joints on the right greater than the left with sacral ala. Coned-down lateral view of the lumbosacral spine, standing/weight bearing performed 01/29/2014 revealed: 1) Anterosuperior L4 vertebral body bony spurring 2) For the purposes of this examination, it will be presumed that the lowers partially sacralized segment is the L5-S1 level, given that the iliac crest cross approximately at the L4-5 disc space level. For further

analysis, correlation and AP and lateral views of the cervical and thoracic spine will be helpful to exactly number the lumbar segments. The L5-S1 disc space is significantly narrowed and very rudimentary 3) Moderate increased lumbosacral angulation EMG/NCV performed on 02/14/2012 revealed abnormal findings; mild bilateral median sensory neuropathy across the wrist, prolonged right H reflex nonspecific and may be secondary to metabolic disorders diabetes versus S1 radiculopathy. It is recommended to have correlation with imaging; mild left C6 and right L5 radiculopathy. MRI of the cervical spine performed on 01/06/2012 revealed: 1) Mild generalized posterior bulging of the C3-4 intervertebral disc with a more focal posterolateral protrusion on the left side. 2) There is disc protrusion produces mild encroachment upon the left intervertebral PR2 dated 08/14/2013 documented the patient to have complaints of pain from low back to right knee with numbness, tingling to upper back, and radiation to the head with various positions. He is able to walk a half of a block. He sits and stands for 30 minutes. He can lift less than 5 pounds. His pain level is 9/10 with or without medications. He noticed some decrease in numbness with Lyrica. Objective findings on exam revealed he has 3/5 strength in upper extremities and 4/5 in lower extremities. He has functional ROM (Range Of Movement) of all extremities. He has equal intact sensation to light touch. He has limited ROM of back and neck in all directions. He is tender along spinous processes from cervical to lumbar region. The patient was diagnosed with 1) Mechanical low back pain; 2) Mild disk bulges at L2-L3 and L5-S1; 3) Chronic mechanical neck pain; 4) Myofascial right hip pain; and 5) Mild depression. It is requested that the patient continue with Lyrica 150 mg, #60, continue with Ultram ER to 50 mg, #60, and Continue with Mobic 15 mg, #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**LYRICA 150MG #60 1 BY MOUTH EVERY 12 HOURS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**Decision rationale:** According to the CA MTUS Guidelines, Pregabalin (Lyrica®) is recommended for diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. The medical records document the patient was diagnosed with mechanical low back pain, mild disk bulges at L2-L3 and L5-S1, chronic mechanical neck pain, and myofascial right hip pain, has been on Lyrica since 6/27/2013, without significant improvement. In the absence of documented objective neuropathic pain occurring involving diabetic neuropathy or post-herpetic neuralgia to support the need for this medication, the request for Lyrica 150mg #60 is not medically necessary according to the guidelines.

**ULTRAM ER 50MG #60 1 BY MOUTH EVRY 12 HOURS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS  
Page(s): 82-83, 93-94..

**Decision rationale:** According to the CA MTUS Guidelines, Tramadol Ultram is recommended as a second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. There is limited assessment of effectiveness of opioids for neuropathic pain, with short-term studies. The medical records document the patient diagnosed with chronic low back pain and neck pain both are mechanical in nature. In the absence of documented overall functional improvement, the request for Ultram-ER 50mg #60 is not medically necessary according to the guidelines. The medication should be slow tapered as recommended by MTUS Guidelines.

**MOBIC 15 MG #30 1 BY MOUTH EVERY DAY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 67-68, 63.

**Decision rationale:** According to the CAMTUS Guidelines, Mobic is recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The medical records document the patient diagnosed with mechanical low back pain, and chronic mechanical neck pain had been on Mobic as PR2 dated 6/27/2013 without significant improvement. In the absence of documented any more functional benefit of this medication for the patient, the request for Mobic 15 mg #30 is not medically necessary according to the guidelines.