

Case Number:	CM13-0018201		
Date Assigned:	10/11/2013	Date of Injury:	11/17/2011
Decision Date:	01/15/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/29/2013

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 PM&R, 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 underlying date of injury in this case is 11/17/2011. The reference diagnosis is cervicalgia. The treating diagnoses include chronic neck pain and chronic low back pain. An initial physician review notes that this patient is a 47-year-old forklift driver who sustained an injury to his neck, shoulders, and back on 11/17/2011 when he was driving a forklift in the cooler and his lift was struck by another employee's lift which was loaded with product. That initial physician review notes that the medical records did not document a neuropathic pain condition requiring the use of Lyrica. This physician review also noted that the medical records did not support the necessity of Ultram. Additionally, the physician reviewer noted that the medical records did not indicate why the patient required a prescription anti-inflammatory as opposed to an over-the-counter anti-inflammatory agent. A qualified medical examination of 04/15/2013 noted at that time the patient had reported symptoms of headache and neck pain as well as numbness and tingling of both hands and fingers. The patient was noted to have a history of neurological deficits which were not specifically quantified; the patient was felt to have multiple diagnoses including lumbar disc disease with radiculopathy and cervical disc disease with radiculopathy. The primary treating physician's progress note of 06/27/2013 reported the patient had an antalgic gait and overall had 3/5 strength in the upper extremities and 4/5 strength in the lower extremities with intact sensation with limited lumbar motion in all directions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Medications Page(s): 16.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on antiepileptic medications, page 18, state this class of medication is "Recommended for neuropathic pain." The medical records at this time are nonspecific in terms of whether this patient has a neuropathic pain diagnosis or what the basis may be for supporting that diagnosis. Overall, it is not clear that this patient has an indication or specific benefit from Lyrica for neuropathic pain. This request is not medically necessary.

Ultram ER 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on tramadol, page 113, states this medication "Is not recommended as a first-line oral analgesic." The medical records at this time do not provide an alternate rationale as to why this patient would require other than a first-line analgesic. This request is not medically necessary.

Mobic 15mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medication Page(s): 22.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory, page 22, state, "Anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume....COX-2 inhibitors may be considered if the patient has a risk of GI complications, but not for the majority of patients." The treatment guidelines would support traditional nonsteroidal anti-inflammatories including Mobic in this situation. The prior peer review indicates the medical records do not provide a rationale for prescription as opposed to over-the-counter anti-inflammatory medication. The guidelines, however, do not make this distinction of supporting the use of over-the-counter as opposed the prescription anti-inflammatory medications. The guidelines do support an indication for this medication as a first-line treatment for musculoskeletal pain of possible multifactorial etiology. This request is medically necessary.

