

Case Number:	CM13-0026321		
Date Assigned:	11/22/2013	Date of Injury:	12/19/1997
Decision Date:	02/12/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/18/2013

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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease, and is licensed to practice in Texas. 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.

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 female worker who sustained a work related injury on 12/19/1997. Subjectively, the patient reported the pain caused her to become irritable and angry. The patient's medications in 01/2013 included Vicodin, tramadol, Skelaxin, Neurontin, a medication for muscle spasms, and Prevacid. The patient was noted to use a cane to aid with ambulation. The patient's diagnoses include hypertension, hypertensive cardiovascular disease, chronic pain syndrome, status post bariatric surgery for morbid obesity, status post abdominal wall hernia repair, breast reduction, and sleep disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100mg: 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 Antiepilepsy Drugs (AEDs) Section Page(s): 18-19.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that the use of Lyrica has been approved by the FDA as a first line treatment for diabetic neuropathy, post-herpetic neuralgia, and fibromyalgia. The clinical information provided lacks a rationale for the prescription of the requested medication.

Additionally, there is no current clinical provided to establish the efficacy of the medication since onset of use. As such, the request cannot be validated. The request for Lyrica 100mg is not medically necessary or appropriate

One urinalysis drug screen: 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): 78.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines indicates that the use of drug screening is for patients with documented issue of abuse, addiction, or poor pain control. The clinical information submitted for review lacks a rationale for the requested drug screen. There is no current clinical provided; however, in the clinical from 01/2013 there was no documentation of evidence to support that the patient is in a high risk category or that there is poor pain control with medication regimen. The request for one urinalysis drug screen is not medically necessary or appropriate.