

Case Number:	CM13-0027127		
Date Assigned:	11/22/2013	Date of Injury:	01/23/2010
Decision Date:	02/13/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/20/2013

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 Anesthesiologist, has a subspecialty in Pain Medicine 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.

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 53-year-old female who reported an injury on 01/23/2010. The patient is currently diagnosed with cervical disc symptoms, lumbar spine spondylosis, lumbar disc syndrome, piriformis syndrome, insomnia, and GERD. The patient was seen by [REDACTED] on 09/12/2013. The patient reported continuous neck pain. The patient also reported radiation to the thoracic spine and bilateral shoulders with associated numbness, tingling, and headaches. Physical examination was not provided. Treatment recommendations included continuation of current medication including Lyrica and Butrans patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 four day sessions of continuous peripheral percutaneous nerve stimulation: 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), Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 97.

Decision rationale: California MTUS Guidelines state percutaneous electrical nerve stimulation is not recommended as a primary treatment modality, but a trial may be considered, if used as an adjunct to a program of evidence based functional restoration, after other nonsurgical treatment,

including therapeutic exercise and TENS have been tried and failed or are judged to be unsuitable or contraindicated. As per the clinical notes submitted, there is no documentation of this patient's active participation in a program of evidence based functional restoration. There is also no evidence within the documentation provided of a failure to respond to nonsurgical treatment including therapeutic exercise and TENS therapy. There was no documentation of a treatment plan with specific short and long-term goals of treatment with the unit. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Lyrica 25mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, and has been FDA approved for both indications. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent neck pain with radiation to the thoracic spine and bilateral shoulders as well as associated numbness, tingling, and headaches. There is no documented evidence of at least a moderate response from prior use of Lyrica. Based on the clinical information received, the request is non-certified.

Butrans patch 10mcg #4: 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 (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

Decision rationale: California MTUS Guidelines state buprenorphine is recommended for treatment of opiate addiction. It is also recommended as an option for treatment of chronic pain, especially after detoxification in patients who have a history of opiate addiction. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report persistent pain with radiation, numbness, and tingling. Given the lack of documented evidence of any significant quantifiable functional improvement resulting from prior use of Butrans patch, continuation of this current medication cannot be determined as medically appropriate. Therefore, the request is non-certified.