MAXIMUS Federal Services

Case Number:	CM13-0035264		
Date Assigned:	12/13/2013	Date of Injury:	03/26/2006
Decision Date:	02/10/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/16/2013

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 and 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:

This is a female patient with a date of injury of March 26, 2006. A utilization review determination dated October 4, 2013 recommends non-certification of Lyrica 75 mg #60, Lyrica 150 mg #30, Lyrica 200 mg #30, and Relafen 750 mg #60. Tramadol is recommended for modified certification of 50 mg #30 (the request was for #90). A progress report dated July 19, 2013 identifies, "all labs are within normal range. Discussion: the patient was last evaluated on July 12, 2013, and continued to complain of low back pain. Medications were prescribed at that time including Lyrica, tramadol, and Relafen." A progress report dated August 8, 2013 includes recommendations stating, "it is recommended that [redacted] be closely monitored medically in order to manage, as well as decrease reliance on medications. This also remains the goal of the patient." Diagnoses include chronic pain syndrome with delayed recovery, chronic lumbosacral muscular skeletal sprain/strain, lumbar spine for millimeter broad-based posterior disc protrusion, L5-S1, and chronic left lower extremity radiculitis. Objective examination identifies, "there is diffuse tenderness in the left greater than right lumbar paraspinal muscles extending to the lumbosacral and left gluteal region. There is hypersensitivity and withdrawal to palpation. There is decreased painful range of motion. There is no paravertebral muscle spasm." Neurologic examination identifies, "sensation is decreased over the left posterior lateral calf." A multidisciplinary evaluation dated August 8, 2013 identifies, "painful effects of her low back condition. This has been reasonably well-maintained with the use of tramadol as a pain medication, as well as naproxen as a nonsteroidal anti-inflammatory medication. She has also begun the use of Lyrica 75 mg 1 tablet twice a day, which is also provided some measure of benefit. She continues on a home exercise program as well. She continues to be desirous of avoiding narcotic pain medication."

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #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): 75-79.

Decision rationale: Regarding the request for Ultram (tramadol), California Pain Medical Treatment Guidelines state that Ultram is a short acting opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Ultram is improving the patient's function or pain (in terms of percent reduction in pain or reduced numeric rating scale (NRS)), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Ultram is not medically necessary.

Lyrica 75mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: Regarding the request for Lyrica, Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of anti-epileptic drugs (AEDs) depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested Lyrica is not medically necessary.

Lyrica 200mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: Regarding the request for Lyrica, Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested Lyrica is not medically necessary.

Relafen 750mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69.

Decision rationale: Regarding the request for Relafen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Relafen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Relafen is not medically necessary.