

Case Number:	CM13-0041803		
Date Assigned:	12/20/2013	Date of Injury:	01/12/1996
Decision Date:	03/28/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/14/2013

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, has a subspecialty Certificate in Interventional Spine 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 patient is a 67 year old male with date of injury of 01/12/1996. The listed diagnoses per [REDACTED]. [REDACTED] dated 08/27/2013 are neck pain, suspect left shoulder impingement syndrome, prior left upper extremity RSD per [REDACTED], 7mm disc herniation at L4-5, left posterior wrist ganglion cyst, possible peripheral nerve entrapment of the upper extremities, possible medial epicondylitis of the left arm, possible thoracic outlet syndrome, cervicogenic migraine, lumbosacral spine, intra articular shoulder pathology with impingement and rotator cuff tear, moderate acute right L5 root level lesion, and mild bilateral median nerve compromise at or near the wrist carpal tunnel. According to progress report dated 08/27/20113 by [REDACTED], the patient presents with back, low back and lumbar pain. He rates his pain 8/10 and 10/10 at its worst. He describes his pain as aching, burning, sharp, stabbing, stiff, numbness, shoots down legs and spasms. Patient indicates that back extension, back flexion, hip extension, hip flexion and hip rotation worsens condition. Patient is experiencing back stiffness and radicular pain in right and left leg as well as the right arm. Objective findings show decreased range of motion in the left and right shoulder. Tenderness noted on AC joints bilaterally. Carpal tunnel compression test is abnormal bilaterally. Cervical spine reveals pain to palpation over all facet capsules. Lumbosacral exam reveals pain to palpation over L3-S1 spinous processes. The patient is currently taking Cymbalta, MS Contin, Lyrica, alprazolam, metformin, Wellbutrin, Lipitor, Aspir-81, Advair, Prevacid, Colace, Doxazosin Mesylate, and albuterol. The treater is requesting for a refill for Lyrica and Alprazolam.

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: 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), Pregabalin (Lyrica®).

Decision rationale: This patient presents with chronic back and lumbar pain. The treater is requesting a refill for Lyrica. Utilization review dated 09/18/2013 denied the request stating that the patient does not have diabetic neuropathy or fibromyalgia and that he is already on two drugs for this neuropathic pain, that being Wellbutrin and Cymbalta. MTUS guidelines on Lyrica recommends it for "treatment of diabetic neuropathy and post-herpetic neuralgia. This medication also has an anti-anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder." ODG guidelines further states that "this medication is considered a first-line treatment and is not recommended for acute pain." Review of records from 11/07/2012 to 08/27/2013 show that the patient has been taking Lyrica since 11/07/2012. MTUS also states on page 60 under "medications for chronic pain," "evaluating the effect of pain relief in relationship to improvements in function and increased activity" should be provided with the use of medication. In this case, none of the reports provided for review contained documentation of pain and functional assessment as related to medication use. Given the lack of sufficient documentation demonstrating efficacy of Lyrica, recommendation is for denial.

Alprazolam 1mg #30: 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 Benzodiazepines Page(s): 24.

Decision rationale: This patient presents with chronic back and lumbar pain. The treater is requesting a refill for alprazolam. Utilization review dated 09/18/2013 denied the request stating that Benzodiazepines are not recommended for long term use without psychiatric supervision. MTUS guidelines p24 "do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is risk for dependence. Most guidelines limit use to 4 weeks." Review of reports from 11/07/2012 to 08/27/2013 show that the patient has been using this medication since 11/07/2012. In this case, long-term use of alprazolam is not recommended and is not supported by MTUS. Therefore, recommendation is for denial.