

Case Number:	CM13-0046155		
Date Assigned:	12/27/2013	Date of Injury:	12/12/2000
Decision Date:	04/30/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty 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 expert 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 51-year-old male with a date of injury of 12/12/2000. According to report dated 10/14/2013, the patient presents with continued back pain. The low back pain is described as constant, sharp, and achy. The pain is average 6-7/10 in intensity (with medications). The pain occasionally radiates down to the left leg. There is no numbness, bladder or bowel incontinence. The physician states the patient is not interested in any interventional procedures or surgeries. The patient also complains of intermittent mild neck pain. The patient does complain of sleep issues and depression. Colace and Senokot have not been working well for the opiate-induced constipation. The patient will try other medication. The patient is currently taking 10 pills of Norco a day instead of 12. He complains still of moderate pain. Physician states there is no aberrant drug behavior and the last urine test was done in May 2013 and was consistent with the prescribed medication. The patient's medications include Norco 10/325 mg, Zipsor 25 mg, Lyrica 50 mg, Omeprazole 20 mg, Relpax 40 mg, and Amitiza 24 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZIPSOR 25MG #90: Overturned

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 Medications for Chronic Pain Page(s): 60-61, 67-68..

Decision rationale: This patient present with continued low back pain. The physician is requesting Zipsor. Utilization review dated 11/04/2013 denied the request stating, "Guidelines do not recommend Diclofenac as first line due to increased risk profile." Zipsor is Diclofenac, an NSAID. The MTUS guidelines pg 22 supports use of NSAIDs for chronic LBP as first line of treatment. The patient was first prescribed this medication on 10/14/2013. Although physician did not provide a rationale for the prescription, the patient presents with continued low back pain and Zipsor is support as a first line of treatment. Recommendation is for approval.

LYRICA 50MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica)..

Decision rationale: This patient present with continued low back pain. The physician is requesting a refill of Lyrica 50mg. Unitization review dated 11/04/2013 denied the request stating, "Objective findings are not consistent with neuropathic pain." The MTUS guidelines has the following regarding Pregabalin (Lyrica®), "Pregabalin (Lyrica®, no generic available) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. In June 2007 the FDA announced the approval of Pregabalin as the first approved treatment for fibromyalgia." Medical records show that this patient has been taking Lyrica since 05/09/2013. The physician is presumably prescribing Lyrica for patient's pain that radiates into the left leg. It is unclear as there are no discussions regarding this medication. In this case, the physician is prescribing Lyrica on a long term basis without discussing its efficacy. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Recommendation is for denial.