

Case Number:	CM13-0051652		
Date Assigned:	12/27/2013	Date of Injury:	11/01/1998
Decision Date:	04/30/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/14/2013

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 11/1/98. A utilization review determination dated 10/14/13 recommends modification of Anexsia and Lyrica with 2 and 5 refills respectively to 2 refills each. Teleconference with the provider noted that there is a pain contract, behavior monitoring, and UDS. The provider stated that he feels the patient has pain, but there is no objective measurement for that. 11/7/13 medical report identifies neck and shoulders flared related to work activities, 2 migraines since last visit, less foot and leg pain, reduced pain with compressive stocking. On exam, no abnormal findings are noted, but the patient is said to express discomfort and frustration.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF ANEXSIA 325M-7.5MG, 1PO EVERY 6 HOURS NEEDED #MAX 90 FOR 30 DAYS WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 76-79.

Decision rationale: Regarding the request for Anexsia, California MTUS Chronic Pain Medical Treatment Guidelines state that, 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 medication is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS). Opioids should not be discontinued abruptly; however, there is no provision for modification of the current request. In light of the above issues, the currently requested Anexsia is not medically necessary.

PRESCRIPTION OF LYRICA 150MG AT BEDTIME #30 WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 20.

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

Decision rationale: Regarding request for Lyrica, CA MTUS Chronic Pain Medical Treatment Guidelines state that antiepilepsy 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 specific objective functional improvement. In the absence of such documentation, the currently requested Lyrica is not medically necessary.