

Case Number:	CM13-0053563		
Date Assigned:	12/30/2013	Date of Injury:	03/26/2006
Decision Date:	03/10/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/18/2013

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 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 29 YO female with a date of injury of 03/26/2006. The listed diagnoses per [REDACTED] dated 10/30/2013 are degenerative lumbar disc disease, lumbar strain/sprain and chronic pain syndrome. According to report dated 10/30/2013 by [REDACTED], the patient presents with chronic lower back pain that radiates into both legs. Pain is rated as 5/10 and patient notes medications provide 70% relief. Report goes on to document that patient is having a flare up in the lower back that started about a week ago. Examination of the lumbar spine revealed increase in spasms in the paraspinal muscles. Range of motion with flexion, extension, lateral bending and rotation is limited by 50% due to current flare up. A decrease in sensation to touch in the left calf and foot was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #90: Overturned

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 Page(s): 75.

Decision rationale: This patient presents with chronic lower back pain that radiates into both legs. Treating physician is requesting patient continue with Tramadol 50mg. Utilization review dated 11/18/2013 denied request stating "there is no rationale or documentation why the requested medications are required". The MTUS guideline pg 75 states a small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram®) are reported to be effective in managing neuropathic pain. In this case, given the extent of patient's chronic pain, a synthetic opioid like Tramadol may be warranted. Furthermore, treating physician has stated medications provide 70% relief. Pain questionnaire dated 10/30/2013 notes with medications patient is able to "sit longer, walk with kids and dog, and work on the computer." The requested Tramadol is medically necessary and recommendation is for approval.

Relafen 750 mg #60: Overturned

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 Page(s): 22.

Decision rationale: This patient presents with chronic lower back pain that radiates into both legs. Treating physician is requesting Relafen. Utilization review dated 11/18/2013 denied request stating "there is no rationale or documentation why the requested medications are required". The MTUS guideline pg 22 supports use of NSAIDs for chronic LBP as a first line of treatment. The treating physician documents the patient's pain and efficacy. Recommendation is for authorization.

Lyrica 75 mg #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.

Decision rationale: This patient presents with chronic lower back pain that radiates into both legs. Treating physician is requesting Lyrica 75mg #30. 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." This patient does not meet the indications for this medication. Lyrica is recommended for diabetic neuropathy and postherpetic neuralgia, and has recently been approved for treatment of fibromyalgia. It may also be considered for neuropathic pain but this patient does not present with radiculopathy. There is just degenerated disc condition. This patient does not appear to present with any of the diagnoses indicated for Lyrica, therefore, recommendation is for denial.

Lyrica 150 mg #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.

Decision rationale: This patient presents with chronic lower back pain that radiates into both legs. Treating physician is requesting Lyrica 75mg #30. 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." This patient does not meet the indications for this medication. Lyrica is recommended for diabetic neuropathy and postherpetic neuralgia, and has recently been approved for treatment of fibromyalgia. It may also be considered for neuropathic pain but this patient does not present with radiculopathy. There is just degenerated disc condition. This patient does not appear to present with any of the diagnoses indicated for Lyrica, therefore, recommendation is for denial.