

Case Number:	CM13-0061556		
Date Assigned:	12/30/2013	Date of Injury:	08/28/2000
Decision Date:	05/16/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	12/05/2013

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 and is licensed to practice in Illinois. 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 injured worker is a 55-year-old male who reported an injury on 08/28/2000. The mechanism of injury was not provided in the medical records. The symptoms included moderate to severe pain. Location and pain was noted at the lower back, legs, and thighs. The pain radiated to the left ankle, right ankle, right calf, left foot, right foot, left thigh, and right thigh. The injured worker described the pain as burning, deep, numbness, piercing, sharp, shooting, and stabbing. Symptoms were aggravated by ascending stairs, bending, changing positions, daily activities, and ascending stairs. His current medications included Motrin 800 mg, Trazodone HCl 50 mg, Hydrocodone/acetaminophen 10 mg/325 mg, and Lyrica 75 mg. The injured worker's symptoms were relieved by pain medications and drugs. The injured worker was noted to have 10/10 pain without medications and 7/10 pain with medications. The injured worker was diagnosed with chronic pain and low back pain. Past medical treatment included bilateral SI joint injections and oral medications. Diagnostic studies include electromyography, MRI of the lumbar spine dated 06/05/2010 and 12/17/2012, CT of the lumbar spine dated 07/31/2013, and x-rays of the lumbar spine dated 11/14/2012. On 10/04/2013, requests for Lyrica and Trazodone HCl had been made. The rationale for the requested treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 75MG #150 WITH 4 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: According to the California MTUS Guidelines, anti-epilepsy drugs are recommended for neuropathic pain due to nerve damage. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized control trials for the use of this class of medication for neuropathic pain have been directed as postherpetic neuralgia and painful polyneuropathy. This medication also has an anti-anxiety effect. The documentation submitted for review indicated the injured worker had moderate to severe back pain. The documentation indicated the injured worker was able to get dressed in the morning and do minimal activities at home with the use of medications. Without medications, the injured worker reported that he stays in bed at least half the day with no contact to the outside world. It was also noted the injured worker would like to increase the Lyrica to see how things go. However, the documentation failed to provide a rationale for the increase of Lyrica. The documentation indicated the injured worker had a decrease in pain and an increase in daily functions with the use of medications. Additionally, the request as submitted failed to indicate the frequency in which this medication is to be taken. Therefore, the request for 1 prescription of Lyrica 75 mg #150 with 4 refills is non-certified.

TRAZADONE HCL 50MG #60 WITH 4 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: According to the California MTUS Guidelines, selective serotonin reuptake inhibitors are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. It has been suggested that the main role of selective serotonin reuptake inhibitors may be in addressing psychological symptoms associated with chronic pain. SSRIs have not been shown to be effective for low back pain. The documentation submitted for review indicated the injured worker had pain to the lower back. It was also indicated that the injured worker was negative for depression. As the guidelines state selective serotonin reuptake inhibitors are not recommended and have not been shown to be effective for low back pain, but play a role in treating secondary depression, the request is not supported. Additionally, the request as submitted failed to indicate the frequency in which this medication is to be taken. Therefore, the request for 1 prescription of Trazodone HCl 50 mg #60 with 4 refills is non-certified.