

Case Number:	CM13-0066981		
Date Assigned:	01/03/2014	Date of Injury:	03/27/2003
Decision Date:	05/27/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/17/2013

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 Family Medicine 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 37-year-old male who was injured on the job on 3/27/2003. The specific injury is not described in the records; however, the patient has been having ongoing problems with low back pain and radiculopathy for which he has received a number of different treatment modalities. Ongoing diagnoses for the patient include the following: chronic bilateral lumbar radiculitis, junctional discogenic disease at L3-L4, chronic bilateral lumbar radiculitis, and chronic pain syndrome. He is appealing a denial for continued treatment of these listed problems with Tramadol and Lyrica. The Primary Treating Physician's Progress Report (PR -2) is included. It indicates that the patient continues to have persistent low back pain and that a request was made for placement in a multidisciplinary pain management program. Physical examination was remarkable for a slow, guarded gait with painful lumbar range of motion. The treatment plan included recommendations for Tramadol and Lyrica. The patient refused treatment in a multidisciplinary pain program.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 100MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (Pregabalin) Section Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20.

Decision rationale: The Chronic Pain Medical Treatment Guidelines establish the criteria for the use of anti-epilepsy drugs (AEDs). Pregabalin (Lyrica) is in this class of drugs. Randomized controlled trials have established AEDs as effective in the management of postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). However, as stated in these guidelines, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogenous etiologies, symptoms, physical signs and mechanisms. For Chronic non-specific axial low back pain there is insufficient evidence to recommend for or against AEDs for axial low back pain. A review of the medical records does not provide any rationale for the use of Lyrica in the treatment of this patient's chronic low back pain and is therefore not medically necessary.

ULTRAM 50MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (Tramadol) Section Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines establish the criteria for the use of opioids for patients with chronic pain. With regard to chronic back pain, these guidelines state that "long-term efficacy (>16 weeks), is unclear. Further, that "failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. The duration of use of Tramaold in this patient exceeds the 16 week criteria and there is no evidence that a reassessment has been performed. The Chronic Pain Medical Treatment also state that there should be evidence of an ongoing assessment of outcomes measures. Specifically, that there is evidence of improvement in a wide range of outcomes; including measures of functioning, appropriate medication use, and side effects. The medical records available for review show no evidence of an assessment of functional outcomes. In patients on chronic opioids, there should be evidence of screening for dependence and addiction. There is no evidence in the medical records that any of the screening tools (e.g. the Prescription Opiate Abuse in Chronic Pain Patients) have been used to assess for dependence or addiction. Finally, the patient does not meet the guidelines criteria for the long-term use of opioids. There is no evidence of reassessment of the diagnosis. There is no evidence of an assessment of the efficacy of the current medication regimen and its adverse side effects. There is no evidence of assessment of functional improvement. For these reasons, Tramadol is not considered medically necessary in this patient.