

Case Number:	CM13-0072098		
Date Assigned:	01/08/2014	Date of Injury:	01/22/2007
Decision Date:	04/22/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/30/2013

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 Medicine, and is licensed to practice in California and Virginia. 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 48-year-old male who was injured on 01/22/2007. The injury occurred in the course of his usual work duties. Prior treatment history has included (list prior treatments). The patient underwent lumbar spine laminectomy and discectomy with fusion on 09/12/2009 and hardware removal, fusion inspection, and grafting of screw holes on 05/04/2011. On 12/10/2013, medications include: Norco, denied Butrans. On 11/15/2013 medications include, Omeprazole, Lyrica, and Tizanidine. The diagnostic studies reviewed include MRI (magnetic resonance imaging) of the lumbar spine without contrast performed on 11/27/2012 revealed: 1) L3-L4: There is a mild disc desiccation. There is a 2 -5 mm broad-based disc bulge most prominent left laterally with mild narrowing of the left neural foramen. 2) L4-L5: Postoperative changes are seen within the disc space with artifact. There is posterior bony fusion seen. 3) L5 - S1: Laminectomies are seen. There is posterior fusion of the facets. The S1 nerve roots appear unremarkable. Drug compliance and diversion screening performed on 10/03/2013 indicated hydrocodone, hydromorphone, buprenorphine, and pregabalin which are prescribed medications, were not detected and detected medications not reported as prescribed. Pain Medicine Re-evaluation dated 01/07/2014 documented the patient to have complaints of low back pain that radiated to bilateral lower extremities. The pain level is unchanged with average pain level of 7/10 with medications. The patient reported activities of daily living limitations in activity, ambulation, sleep, and sex. Objective findings on exam revealed spinal vertebral tenderness was noted in the lumbar spine at the L4-S1 level. There was lumbar myofascial tenderness and paraspinous muscle spasm was noted on palpation. The patient was diagnosed with 1) Lumbar radiculopathy; 2) Disc degeneration; 3) Spinal stenosis; 4) Failed surgery syndrome; 5) post lumbar fusion; 6) post lumbar laminectomy; 7) Chronic pain, other; 8) Medication related

dyspepsia; and 9) Status post lumbar spine ROH. Pain Medicine Re-evaluation dated 12/10/2013 indicated the patient's pain level was unchanged. PR2 dated 11/15/2013 documented the patient presented basically unchanged. He continued to experience severe aching low back pain as well as bilateral lower extremity radiculopathy. He rated his low back pain as 8-9/10. The patient was given a refill of his medications, Lyrica 100 mg #90 for neuropathic pain, Prilosec 20 mg #30 for gastrointestinal upset.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,53. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Postsurgical Treatment Guidelines.

Decision rationale: According to the CA MTUS guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination warrant imaging in patients who do not respond to treatment and who surgery is considered an option. The medical records document a lumbar MRI (magnetic resonance imaging) was performed on 11/27/2012. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The medical records do not establish the patient presents with neurological deficits on examination and failure to respond to conservative measures. The 12/10/2013 and 1/07/2014 medical reports documented tenderness and paraspinal spasm on examination. There is no indication of neurological deficient or notable change in the patient's neurological examination. The medical records do not demonstrate any significant change in the patient's presenting complaints or examination findings. The medical necessity of a lumbar MRI has not been established.

#90 LYRICA (PREGABALIN) 100MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Section Pregabalin (Lyrica®) Page(s): 99. Decision based on Non-MTUS Citation Other medical guidelines: Pain Medicine and Regional Anesthesia, 2nd Edition, 2005, and Chapter 15: Membrane Stabilizers, pgs. 134 - 140

Decision rationale: The medical records document that the patient's medication regimen has included Lyrica; however there is no documentation of benefit with this medication. The medical records document the patient's reported pain levels of 7/10 with medication and 9 -10/10 without. According to the 11/15/2013 report, the patient reported 8 -9/10 pain level, and did not indicate

Lyrica was effective. According to the guidelines, Lyrica is effective in treatment of diabetic neuropathy and post-herpetic neuralgia, and is considered a first-line treatment for these conditions. The medical records do not establish this patient has either of these conditions. The patient does not have neuropathic-type pain and the medical records reflect that Lyrica has not been beneficial to the patient. Consequently, the medical necessity of Lyrica is not established.

#30 PRILOSEC 20MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Section non-steroidal anti-inflammatory drugs (NSAIDs), gastrointe.

Decision rationale: The CA MTUS guidelines state medications such as Prilosec may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple non-steroidal anti-inflammatory drugs (NSAIDs) (e.g., NSAID + low-dose ASA). The medical records do not establish any of the above listed criteria exist in this case that would indicate he is at risk for gastrointestinal events, to warrant access to the proton pump inhibitor. The medical necessity of Prilosec is not established.