

Case Number:	CM14-0106116		
Date Assigned:	09/16/2014	Date of Injury:	07/31/2007
Decision Date:	10/24/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/09/2014

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 Occupational 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:

This patient is a 68 year old male who developed persistent low back pain subsequent to an injury dated 7/31/07. He underwent spinal fusion surgery and has persistent low back and leg pain/radiculopathy. He is currently treated with oral analgesics and 2 different evaluators have documented 50-60% improvement in pain from the medications. It is also documented that he diminishes use when the pain improves. There is no history of misuse. The patient ambulates with the aid of a cane and it is documented that he walks on a daily basis. A request for a spinal cord stimulator is documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg, #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 ANTI-EPILEPTIC DRUGS Page(s): 19, 20.

Decision rationale: MTUS Guidelines supports the use of Lyrica for Neuropathic pain. This patient has a neuropathic pain syndrome and it is reported that there is significant pain relief from his medications. The Lyrica 50mg #60 is medically necessary.

Ultracet 37.5/325mg, #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 OPIOIDS WHEN TO CONTINUE Page(s): 80.

Decision rationale: MTUS Guidelines supports the judicious use of Opioids when there is pain relief and functional benefits. It is clearly documented that this patient has significant pain relief (50-60%) from Ultracet and Lyrica. It is also documented that the medications help with his ability to be functional i.e. daily walks. The Ultracet 37.5/325mg #60 is consistent with Guidelines and is medically necessary.