

Case Number:	CM14-0015113		
Date Assigned:	02/28/2014	Date of Injury:	10/05/2006
Decision Date:	08/05/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/06/2014

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 51 year patient had a date of injury on 10/5/2006. The mechanism of injury was not noted. On a progress report on 12/31/2013, the patient reports chronic back pain and depression, reports many steroid injections have been helpful for about a month. She takes Oxycontin 60mg a day with norco 10/325mg about 4 tablets daily. He finds clonazepam 2mg 3 times daily and Lyrica 100mg twice daily helpful. Physical examination shows movement is slow and methodical with difficulty and he is cooperative with a flat mood and affect. Diagnostic impression shows depression and chronic back pain. Treatment to date: medication management, behavioral modification. A UR decision on 1/29/2014 denied the request for 1 pain management consultation between 12/31/2013 and 3/28/2014, stating that the patient does not meet the criteria required to consider the use of intrathecal pain pump implantation. The criteria are when strong opioids or other analgesics have failed to relieve pain or intolerable side effects to systemic opioids or other analgesics has developed, when life expectancy is greater than 3 months, when tumor encroachment on the thecal sac has been ruled out by appropriate testing, in absence of contraindications to implantation exists such as sepsis or coagulopathy and after a temporary trial of spinal opiates has been successful prior to permanent implantation as defined by a 50% reduction in pain. He appears to be stable on the current medication regimen, does not show any side effects and is not under treatment for a condition which the use of intrathecal pain pumps have been shown to be effective. Considering the failure of this patient to meet the criteria to consider the permanent implantation of a spinal cored stimulator, the use of a pain management consultation is not medically necessary. The prospective request for 1 prescription of Lyrica 100mg #60 with 1 refill has been modified to Lyrica #60 between 12/31/2013 and 3/28/2014. The patient has a history of neuropathic symptoms into the lower extremities; however currently, there are no symptoms consistent with ongoing neuropathic pain. This patient has reported the

use of Lyrica and Clonazapem has been helpful; however quantifiable responses are not included. Considering the absence of current symptoms consistent with neuropathic pain, the reports of benefit with the use of Lyrica and the guidelines below, one additional prescription is appropriate to allow the treating physician to properly document the patients subjective and functional response to Lyrica without disturbing the treatment regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PAIN MANAGEMENT CONSULTATION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations pg 127, 156.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. However, the records indicate that the provider is requesting the consultation for evaluation for a pain pump. In the records reviewed, it is not documented that the patient has had any recent surgery. Furthermore, on a progress note dated 12/31/2014, the patient states that he is stable on the current medication regimen without any side effects. Therefore, the use of a pain pump is not medically necessary. Since the use of a pain pump is not medically necessary, the request of a pain management consultation for a pain pump is not medically necessary.

ONE PRESCRIPTION OF LYRICA 100MG #60 WITH ONE REFILL: Overturned

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

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states that Lyrica 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. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. On a progress note dated 12/31/2013, the patient reports find Lyrica 100mg bid helpful in his chronic pain and muscle spasms. However, the documents fail to show any evidence of neuropathic pain. Therefore, the request for Lyrica 100mg #60 with 1 refill is medically unnecessary.

