

Case Number:	CM14-0018299		
Date Assigned:	04/21/2014	Date of Injury:	06/16/2005
Decision Date:	07/02/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/13/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 60 year old female who reported an injury on 06/16/2005 secondary to an unknown mechanism of injury. She was evaluated on 02/26/2014 and reported right knee pain of unknown severity as well as back pain radiating to the right leg. On physical exam, the injured worker was noted to have depressed reflexes of the left ankle and biceps as well as decreased range of motion of the right knee. The injured workers diagnoses at the time of evaluation included degeneration of intervertebral disc, cervical post-laminectomy syndrome, sciatica, and tear of lateral cartilage and/or meniscus of the knee. Medications at that time were noted to include Norco 10/325mg four times a day, Ibuprofen 800mg twice a day, Lyrica 75mg daily, Methadone 10mg three times daily, Lidoderm patches, and Voltaren topical gel. The documentation provided for review states that the injured worker has taken ibuprofen for a number of years and it has been helpful to reduce the total amount of narcotics taken. The most recent clinical note indicates that the injured worker had taken Lyrica since at least 02/13/2013, and it was noted that Lyrica had been more effective than other anti-neuropathic agents used previously. A request for authorization was submitted on 01/31/2014 for Lyrica 75mg #90, with 4 refills and Ibuprofen 800mg #60, with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 75MG #90, 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).

Decision rationale: The request for Lyrica 75mg #90, with 4 refills is not medically necessary. California MTUS guidelines recommend anti-epilepsy drugs such as Lyrica for the treatment of neuropathic pain. Guidelines also recommend documentation of pain relief and improvement in function with continued medication use dependent upon improved outcomes of at least 30% reduction in pain. It was noted that the injured worker has taken Lyrica since at least 02/13/2013. The documentation submitted for review fails to provide quantifiable evidence of pain relief and detailed improvement of function. Therefore, the information provided does not sufficiently indicate that desired measurable outcomes have been met. Furthermore, the request as written includes 4 refills which does not allow for timely reassessment of medication efficacy. As such, the request for Lyrica 75mg #90, with 4 refills is not medically necessary.

IBUPROFEN 800MG #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 NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS),NSAIDS, SPECIFIC DRUG LIST & ADVERSE EFFECTS Page(s): 67-68, 70-72.

Decision rationale: The request for Ibuprofen 800mg #60, with 4 refills is not medically necessary. California MTUS Chronic Pain Guidelines state that NSAIDs may be useful to treat breakthrough and mixed pain conditions. Guidelines also recommend that the lowest effective dose be used for all NSAIDS for the shortest duration of time consistent with the individual patient treatment goals. The injured worker was noted to have used Ibuprofen for several years. There is no detailed documentation of progression toward patient goals to include quantifiable pain relief and/or functional improvement with her current regimen of Ibuprofen. Furthermore, the request as written includes 4 refills which does not allow for timely reassessment of medication efficacy and progression toward treatment goals. Additionally, guidelines do not support doses greater than 400mg for relief of mild to moderate pain. As the most recent evaluation of pain does not specify pain severity, it is unclear if the requested dose of Ibuprofen 800mg is supported by evidence-based guidelines for the injured worker's current pain level. Therefore, the request for Ibuprofen 800mg #60, with 4 refills is not medically necessary.