

Case Number:	CM14-0127706		
Date Assigned:	08/15/2014	Date of Injury:	11/28/2000
Decision Date:	09/16/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/12/2014

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 American Board of Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review, indicate that this 55 year-old female was reportedly injured on 11/28/2000. The mechanism of injury was not listed. The most recent progress note, dated 8/15/2014, indicated that there were ongoing complaints of neck pain that radiated into the bilateral upper extremities, and low back pain that radiated into the bilateral lower extremities. The physical examination demonstrated cervical spine range of motion flexion 20, extension 20, right side lateral extension 25, left 25, and bilateral rotation 50. There was also positive tenderness to palpation of the trapezius muscle spasms noted. Lumbar spine had limited range of motion. Straight leg raise and femoral stretch positive bilaterally. Positive tenderness to palpation the lumbar spine with spasms noted. Patient ambulated with a walker. Decreased sensation to bilateral lower extremities at L5-S1. No recent diagnostic studies were available for review. Previous treatment included medications and a conservative treatment. A request had been made for tramadol 100 mg #30 with 2 refills and Lyrica 100 mg #90 with 2 refills and was not certified in the pre-authorization process on 7/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 100mg #30 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82,113.

Decision rationale: The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use, after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review, of the available medical records, fails to document any improvement in function or pain level with the previous use of tramadol. As such, the request is not considered medically necessary.

Lyrica 100mg #90 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19,99.

Decision rationale: Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia and has FDA approval for both indications, and is considered first-line treatment for both. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. (Blommel, 2007) This medication also has an anti-anxiety effect. After reviewing the medical documentation provided, there was no identifiable diagnosis associated with diabetic neuropathy or post herpetic nerve pain. Therefore, this request is deemed not medically necessary.