

Case Number:	CM14-0150117		
Date Assigned:	09/18/2014	Date of Injury:	10/17/2000
Decision Date:	10/21/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/15/2014

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 Family Practice and is licensed to practice in Ohio. 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 58-year-old male with a date of injury of July 8, 2010. The diagnosis include degenerative disc disease of the cervical and lumbar spines with radiculopathy, lumbar spinal stenosis, depression, chronic neck and back pain, and a history of prior back surgery. The injured worker has experienced severe and chronic pain and had been converted to hydromorphone as an opioid and Lyrica for his neuropathic pain. He was previously taking gabapentin. The dosages of his Lyrica had progressed to 750 mg a day and hydromorphone to 12 mg twice daily. The record documents a reduction in neuropathic/radicular pain by greater than 50% as a consequence of the Lyrica and a pain reduction overall by 50%. In July 2014 it appears that a taper of the hydromorphone and Lyrica were started simultaneously. As of September 2014 the record reflects that the injured worker had increased pain leading to falling episodes, reduction in functionality as evidenced by an inability to exercise, and diminished sleep. The physical exam reveals diminished cervical range of motion, diminish lumbar range of motion with tenderness to palpation of the paraspinal musculature, diminished sensation of the L4, L5, and L1 dermatomes on the left, and left-sided C6 and C7 dermatomes and diminished sensation of the right sided C-5 and 6 dermatomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lyrica 150mg #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), Kyrlica (pregabalin).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Back section, Anti-epilepsy drugs

Decision rationale: The injured worker was converted from Neurontin to Lyrica for his radicular symptoms at a point that precedes the available time period for review. Presumably, this conversion was acceptable to the utilization review physicians. Gabapentin is recommended as a trial for lumbar spinal stenosis and has been shown to improve walking distance, pain with movement, and sensory deficits. The record documents that the Lyrica has been effective for the radicular symptomatology and since it's dose reduction there has been an increase in symptomatology and a decrease in functionality. Because of these factors, Lyrica 150mg #150 is medically necessary.

Exalgo 8mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The above guidelines state that for ongoing usage of opiates there should be monitoring of analgesia, adverse side effects, measures of functionality, and any aberrant drug taking behavior. Opioids may be continued if the patient has returned to work or if there has been improved pain and functionality. In this instance, there has been a worsening in pain and functionality as a consequence of the recent hydromorphone taper as clearly shown by the treating physician's note on September 2, 2014. Consequently, a restoration to pre-taper doses is appropriate. Therefore, Exalgo 8mg #30 is medically necessary.