

Case Number:	CM14-0163207		
Date Assigned:	10/08/2014	Date of Injury:	02/27/2009
Decision Date:	10/31/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The injured worker is a 57 year old male with an injury date of 02/27/09. Based on the 09/08/14 progress report provided by [REDACTED], the injured worker complains of lower back pain that radiates to his bilateral lower extremities. The pain is rated 9/10 without and 6/10 with medications. Ambien is taken every 3rd day only and allows injured worker to sleep up to 6 hours. Injured worker also takes Celebrex, Norco, Oxycontin and orphenadrine citrate for chronic pain. Lyrica and Ambien are included in prescriptions from progress report dated 08/07/14. Injured worker is one year status post hardware removal and is permanent and stationary. Diagnosis 09/08/14- lumbosacral sprain, chronic- spondylosis, lumbar without myelopathy- low back pain, chronic- muscle spasms- degenerative disc disease lumbar, chronic- insomnia due to medical condition classified elsewhere, chronic- COAT, chronic- radiculopathy thoracic or lumbosacral- spinal stenosis of lumbar region, chronic- postlaminectomy syndrome of lumbar region, chronic- chronic pain syndrome. The utilization review determination being challenged is dated 09/30/14. [REDACTED] is the requesting provider, and he provided treatment reports from 08/07/14 - 09/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100mg #90 ;with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica).

Decision rationale: The MTUS guidelines has the following regarding Pregabalin (Lyrica), "Pregabalin (Lyrica, no generic available) 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. In June 2007 the FDA announced the approval of Pregabalin as the first approved treatment for fibromyalgia." Medical records show that this injured worker has been taking Lyrica at least from 08/07/14. Treating physician is presumably prescribing Lyrica for injured worker's pain that radiates into both legs. It is unclear as there are no discussions regarding this medication. In this case, the treating physician is prescribing Lyrica on a long term basis without discussing its efficacy. MTUS requires documentation of pain assessment and functional changes when medications are used for chronic pain. The request for Lyrica 100mg #90 with 1 refill is not medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation zolpidem (Ambien), under pain Chapter

Decision rationale: The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. Per progress report dated 09/08/14, injured worker has a diagnosis of insomnia due to medical condition. Ambien is taken every 3rd day only and allows injured worker to sleep up to 6 hours. Medical records indicate the injured worker has been prescribed Ambien at least from 08/07/14, based of progress report, and treating physician is requesting 10mg #30. ODG Guidelines do not recommend long-term use of this medication. The request for Ambien 10mg #30 is not medically necessary.