

Case Number:	CM14-0026079		
Date Assigned:	06/13/2014	Date of Injury:	10/16/2006
Decision Date:	07/16/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/28/2014

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 and is licensed to practice in Illinois. 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 63 year old male that reported an injury on 10/16/2006 due to unknown mechanism. The injured worker complained of low back pain and right leg pain. His symptoms are worse with increased activity, and feels that his leg pain is worsening. On physical examination dated 11/04/2013, the injured worker had difficulty walking, and changing position and getting onto the exam table which caused him pain. Straight leg raising was positive to the right as well as the left, in a sitting as well as supine position. Lumbar range of motion extension was 10 degrees of 90 and flexion 40 degrees of 90. Diagnostic studies was a nerve conduction study dated 11/04/2013 results were moderate L4 right sensory radiculopathy, and moderate right L5 sensory radiculopathy. The injured worker's medication includes lyrica, and flexeril. The injured worker reported that the medication improve his low back and radicular symptoms. There was no documented VAS pain scale to measure effectiveness of the medication. The injured worker has diagnoses to include status post PLIF L4-S1 with instrumentation and iliac crest bone graft, probable pseudarthrosis, L4-S1, with broken sided S1 screw, stenosis L3-4, and grade 1 spondylolisthesis. The treatment plan was for lyrica 100mg quantity and frequency unknown, and ultram 50mg quantity and frequency unknown. The request for authorization was not provided with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 50 MG, QTY: UNKNOWN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain Page(s): 82-83.

Decision rationale: The request for Ultram 50 mg quantity and frequency unknown is not medically necessary. Chronic Pain Medical Treatment Guidelines indicate that opioids are not recommended as a first line therapy. Opioid analgesic and tramadol have been suggested as a second line treatment. Guidelines states that opioids could be considered first line therapy for the following circumstances, prompt pain relief while titrating a first line therapy, treatment of episodic exacerbations of severe pain, and treatment of neuropathic cancer pain. The injured worker reported that with medication his low back pain, and radicular symptoms are improved. There was no VAS pain scale reported or documented to monitor the medication effectiveness. The request for ultram 50 mg did not provide the frequency or quantity specifications as such the request is not medically necessary.

LYRICA 100 MG, QTY: UNKNOWN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS) Page(s): 16.

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

Decision rationale: The request for Lyrica 100mg quantity unknown is not medically necessary. The injured worker has a history of neuropathic nerve pain as evident by nerve conduction study dated 11/04/2013 noted sensory radiculopathy left lumbar L-4 and right lumbar L-5. The injured worker reported with medication his low back pain, and radicular symptoms are improved. Chronic Pain Medical Treatment Guidelines states lyrica has been documented to be effective treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications and is considered first line treatment for both. Lyrica was also approved to treat fibromyalgia. The request does not specify quantity, furthermore the request does not include the frequency. Given the above the request is not medically necessary.