

Case Number:	CM14-0027551		
Date Assigned:	06/13/2014	Date of Injury:	05/07/2011
Decision Date:	07/17/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/04/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 patient is a 53 year old female with a date of injury of 5/7/2011. The mechanism of injury is described as lifting heavy objects. The patient has complained of lower back pain since the date of injury. She has been treated with physical therapy, TENS unit, acupuncture, nerve blocks and medications. An MRI of the lumbar spine performed 07/2011 revealed degenerative disc disease at L1-L3. Objective: tenderness to palpation of lumbar spine paraspinal musculature. Diagnoses: lumbar spine disc disease, lumbar strain. Treatment plan and request: Hydrocodone, Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE - ACETAMINOPHEN 10/325MG QTY 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-85, 88-89.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS Chronic Pain Guidelines, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and

documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS Chronic Pain Guidelines, the request is not medically necessary.

LYRICA 75MG QTY 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: Pregabalin (Lyrica) 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. Pregabalin was also approved to treat fibromyalgia. There is no documentation in the available medical records of any of these conditions nor is there a discussion of the rationale regarding use of this medication. On the basis of the MTUS Chronic Pain Guidelines and the available medical documentation, the request for Lyrica is not indicated as medically necessary in this patient.