

Case Number:	CM14-0038046		
Date Assigned:	06/25/2014	Date of Injury:	06/19/2005
Decision Date:	08/13/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/01/2014

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 Medicine. 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:

This is a 43-year-old female beneficiary sustained a work-related injury on involving the back. She was diagnosed with degenerative disc disease of the thoracolumbar region, lumbar spondylosis, scoliosis and lumbago. She had a chronic medical history of lupus, Sheehan syndrome and chemotherapy. She underwent lumbar spinal fusion. Progress note on March 27, 2014 indicated she continues to have moderate amount of pain and has difficulty with sleeping at night. She has bilateral lower extremity numbness after prolonged sitting. Her pain worsened from prior visits. Physical findings were notable for tenderness to palpation in the lumbar spine. Neurologic exam was unremarkable. Her pain symptoms have been treated with amitriptyline, Dilaudid 2 mg, Tizandine, OxyContin, and Lyrica. A progress note on May 22, 2014 indicated the pain was at baseline but increased during therapy. Her exam findings were similar and she was continued on the above medications. In addition, she was given Toradol prescription as well as scheduled for a thoracic facet joint block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, opioids are rarely beneficial for mechanical or compressive etiologies. Not one opioid is superior to another. There are no long-term trials studying long-term use of opioids. There is a lack of evidence to allow for treatment recommendation. In this case the claimant had been on Dilaudid as well as OxyContin. The claimant's symptoms and function had not changed over an extended period of time. Continued use of Dilaudid is, therefore, not medically necessary.

Lyrica: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

Decision rationale: According to the MTUS guidelines, Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia. Lyrica is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia. In this case the claimant does not have the diagnoses above. Her pain and functionality had not significantly improved over time. Continued use of Lyrica is, therefore, not medically necessary.

Amitriptyline: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15.

Decision rationale: Tricyclic antidepressants such as Amitriptyline are considered first-line options for neuropathic pain and a possibility for non-neuropathic pain. A systematic review indicated that tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain (short-term pain relief), but the effect on function is unclear. Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia, painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. In this case, it is unclear whether the claimant's numbness is related to a neuropathy versus just prolonged sitting. Neurologic findings were unremarkable. Continued use of amitriptyline is not supported based on the guidelines and the clinical documentation provided.