

Case Number:	CM14-0039252		
Date Assigned:	06/27/2014	Date of Injury:	01/22/2008
Decision Date:	07/23/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/03/2014

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 Occupational 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:

The patient is a 31-year-old male with a date of injury of 1/22/08. Subsequent to the injury, the patient has developed chronic cervical pain with a radicular/neuropathic component. A diagnosis of reflex sympathetic dystrophy (RSD) has been made. The treatment consists mainly or oral analgesics and the level of pain relief is reported to be good. There is minimal reliance on opioid's and no intolerable side effects are noted. The Lyrica has been effective, but the patient reports weight gain and wants to try something else. While tapering the Lyrica, Gabitril is initiated.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 100MG, ONE TO TWO CAPSULES THREE (3) TIMES A DAY, #180, REFILL: 1.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs Page(s): 17.

Decision rationale: The request for Lyrica was not actually denied by the utilization review (UR) physician, but it was approved for one month only without a refill. The rationale for not

approving a refill is not provided in the UR review. The Lyrica has been very successful for pain relief, but is going to be tapered due to weight gain. If the tapering takes more than one month, the refills should not be denied or if the patient elects to continue, it should not be denied. Lyrica use is consistent with MTUS Chronic Pain Guidelines. As such, the request is certified.

HYDROCODONE-ACETAMINOPHEN 10MG-325MG, ONE BY MOUTH (PO) TWICE DAILY (BID) AS NEEDED (PRN) FOR PAIN, #60 WITHOUT REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, when to continue Page(s): 79,80.

Decision rationale: The request for Norco #60 was approved by the utilization review (UR) physician, but with modification. Long term use of #60 per month is consistent with MTUS chronic pain Guidelines. If the dose or reported of effectiveness changes, then this request can be re-reviewed. But this was approved for one month by UR and there is no current medical documentation that it should be limited to one month. As such, the request is certified.

GABITRIL 4MG, ONE TABLET ORAL ROUTE EVERY DAY WITH FOOD, #30 NO REFILL: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 17,18.

Decision rationale: The utilization review (UR) rationale for a denial was based on the interpretation that MTUS guidelines do not approve of more than one anti-epileptic drug (AED) at a time. A denial based on this interpretation appears to be in error based on a couple of issues: 1) the patient is being tapered off of Lyrica while being started on the Gabitril so the issue of more than one AED drug does not appear to be accurate. 2) The MTUS Guidelines allow for two AED drugs at a time and the MTUS even state that combinations may be necessary. The use of more than one AED drug is very common for seizure disorders and there is no medical reason why a combination could not be trialed for severe neuropathic pain. As such, the request for Gabatril appears medically necessary either as a replacement for Lyrica or on a trial basis as a second AED medication. The request is certified.