

Case Number:	CM14-0059945		
Date Assigned:	07/09/2014	Date of Injury:	09/05/2012
Decision Date:	09/05/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	04/30/2014

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 46 year old male who reported an injury on 9/5/12 to his low back. However, no description of the initial injury was provided in the clinical documentation submitted for review. A clinical note dated 05/23/14 indicated the injured worker undergoing evaluation of the low back. The injured worker underwent MRI in 11/12 which revealed a disc protrusion on the right at L5 to S1. The injured worker utilized Norco and fentanyl patches. MRI of the lumbar spine dated 11/15/12 revealed disc extrusion at L5 to S1. A disc bulge was identified L4 to L5 causing mild spinal and bilateral neural foraminal stenosis. Clinical note dated 06/02/14 indicated the injured worker utilizing Norco and Zanaflex for ongoing pain relief. The operative report dated 04/29/14 indicated the injured worker undergoing right sided laminectomy and discectomy L4 to L5 and L5 to S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Lyrica 50mg: Upheld

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

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

Decision rationale: Pregabalin (Lyrica) was documented to be effective in treatment of diabetic neuropathy, postherpetic neuralgia, and is considered first line treatment for both. Pregabalin was also approved to treat fibromyalgia. There is no indication in the submitted documentation that the injured worker has been diagnosed with fibromyalgia or has objective findings consistent with neuropathic pain. Additionally, there is no indication of reassessment of the benefit associated with the use of Lyrica. Given these findings, the request is not indicated.

(1) Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The injured worker continued with opioid therapy. Urine drug screens are indicated for injured workers who continue utilizing opioids have demonstrated abhorrent behaviors or have been identified as being a risk for drug misuse. Given the ongoing use of opioid therapy, the request is reasonable. Therefore, a urine drug screen is indicated in order to maintain and monitor compliance. The request for urine drug screen is indicated as medically necessary.