

Case Number:	CM14-0059993		
Date Assigned:	07/11/2014	Date of Injury:	09/14/2012
Decision Date:	10/03/2014	UR Denial Date:	04/14/2014
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 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 injured worker is a 53 year old male who sustained an injury on 09/14/12 when he was involved in a motor vehicle accident injuring his low back. The injured worker had been previously recommended for a surgical intervention for the lumbar spine due to a large disc protrusion. Prior medication use had included Lyrica as well as Nucynta. As of 04/11/14, the injured worker had noted continuing complaints of low back pain. The injured worker was also utilizing medical foods and Lyrica. The injured worker's pain score was 4.5/10 in intensity; however, without medications, the injured worker's pain score was as high as 10/10. Physical examination was limited to vital signs. Medical foods to include Gabadone as well as Lyrica 150mg were refilled at this evaluation. The requested Lyrica 50mg, quantity 160 and Gabadone, quantity 60 were both denied by utilization review on 04/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 15 MG QTY 160: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20,99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics Page(s): 16-22.

Decision rationale: In review of the clinical documentation submitted for review, there is insufficient evidence to support the use of Lyrica as prescribed. Lyrica is a recommended 1st line medication in the treatment of neuropathic pain as well as chronic pain syndrome. From the clinical documentation provided for review, the most recent evaluations did not identify evidence of ongoing neuropathic pain that would have reasonably required the use of this medication. Furthermore, there was no specific discussion regarding the functional benefit and pain reduction obtained with the use of this medication that would have supported its ongoing use. Therefore, the request for Lyrica 15 mg qty 160 is not medically necessary and appropriate.

Gabadone QTY 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data institute, 2008, Pain section, Medical food, Not Recommended for the routine use for treatment of chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Food

Decision rationale: Gabadone is a medical food that can be utilized as an option to treat conditions secondary to nutritional deficits. In the treatment of chronic pain, there is insufficient evidence in the clinical literature establishing that this medication is any more effective than other standard medications that are utilized for chronic pain patients. Without any specific nutritional deficit identified in the clinical records to support the use of this medication, the request for Gabadone qty 60 is not medically necessary and appropriate.