

Case Number:	CM14-0063570		
Date Assigned:	07/11/2014	Date of Injury:	10/17/2000
Decision Date:	08/26/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/06/2014

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, Pain Medicine and is licensed to practice in Florida. 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 57-year-old male who reported an injury on 10/17/2000 due to an unknown mechanism. The injured worker's diagnoses were lumbosacral radiculopathy, thoracic strain, pain related to insomnia and depression, iatrogenic bradycardia, possible left cubital tunnel syndrome, cervicgia, and cervical degenerative disc disease and radiculopathy. The injured worker's past pertinent diagnostics were an MRI of the cervical spine without contrast dated 05/21/2013. Past treatment includes epidural steroid injections and medications. The injured worker complained of numbness in arm and throbbing neck pain that decreases with his current medication regimen. The injured worker rates his pain at 7/10 to 8/10. The neck pain increased and continued to radiate down the arms with numbness experienced in the arms. The injured worker's medications were Voltaren gel, Cymbalta, Baclofen, Lyrica, Exalgo, and Lasix. The treatment plan was convert to long acting opioid analgesic Hydromorphone to facilitate better sleep at night and more activity during the day, convert Neurontin to Lyrica to reduce nerve pain radiating to the leg and the spine, continue TENS to reduce nerve pain in legs radiating from the back, and increase antidepressant medication to reduce the significant anxiety and depression associated with the injured worker's chronic pain. The requested treatment plan was for Lyrica 150 mg #150 and Exalgo 8 mg #30. The rationale for the request is to convert to long acting opioid analgesic Hydromorphone to facilitate better sleep at night and ability to perform more activities of daily living. The Request for Authorization dated 06/19/2014 was submitted with documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg #150: 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 Pregabalin Page(s): 99.

Decision rationale: According to the California MTUS, Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia. It has FDA approval for both indications and is considered first line treatment for both. Lyrica was also approved to treat fibromyalgia. The injured worker complained of numbness in the arms and throbbing neck pain with a pinching sensation in the back. The neck pain continued to increase and continues to radiate to his arms with numbness experienced in arms as well, with rating the pain 7/10 to 8/10. The rationale for the requested medication was to convert the injured worker from Neurontin to Lyrica; however, it was not documented why this conversion was indicated. In addition, there was a lack of frequency of the medication in the request as submitted. As such, the request for Lyrica 150mg #150 is not medically necessary.

Exalgo 8mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include routine office visits and detailed documentation of the extent of pain, functional status in regards to activities of daily living, appropriate medication use and/or aberrant drug-taking behaviors, and adverse side effects. The pain assessment should include the current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The documentation submitted for review indicates that the injured worker's pain rating was 7/10 to 8/10. There was no clinical documentation of increased ability to perform activities of daily living with the use of medication. There was also no documentation of adverse effects with use of the opioid, and no notations of the injured worker not having issues with aberrant drug-taking behaviors. In addition, there was a lack of documentation in the medical records indicating the efficacy of the medication or the safety for its continued use. In addition, the request submitted for review does not contain the frequency for the proposed medication. As such, the request for Exalgo 8mg #30 is not medically necessary.