

Case Number:	CM14-0068079		
Date Assigned:	07/11/2014	Date of Injury:	08/20/2003
Decision Date:	10/02/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/12/2014

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 40 year old male who suffered a work related injury on 08/20/13. Mechanism of injury was not described. The injured worker did suffer left fibular fracture. The injured worker was seen at the hospital emergency room, stabilized and referred to a orthopedist. The injured worker had x-rays and underwent surgery and later seen as outpatient made permanent and stationary on 08/04 and sent back to work with restrictions. The injured worker changed treating doctors and had x-ray of his left fibula later had magnetic resonance imaging in 2007 and prescribed meds for him. The injured worker also prescribed H-wave machine and gym membership and physical therapy. The injured worker was following him every two to three months. The most recent clinical documentation submitted for review was dated 04/03/14 he still complained of left leg pain, he had been using Lyrica, Provigil, Ultracet, and H-wave which helped 45%. Physical examination revealed no swelling, tenderness posteriorly. Inversion and eversion stress were painful. Achilles tendon was normal. Posterior calcaneous was tender. Post trauma left lower extremity. Impression post trauma left fibula and ankle. Chronic fatigue syndrome. Depression, neuropathic pain left lower extremity. Right elbow contusion post fall. Based on the clinical documentation submitted for review there was no clinical documentation submitted for review documenting functional improvement with the said medications. Prior utilization review on 04/11/14 was non-certified. There was also no clinical documentation of neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica Capsule 75mg #60: Upheld

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

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

Decision rationale: As noted on page 99 of the Chronic Pain Medical Treatment Guidelines, Pregabalin (Lyrica) has been 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 documentation that the patient 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. As such, the request for Lyrica Capsule 75mg #60 is not medically necessary.

Ultracet Tablet 37.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-80.

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate significant decrease in pain scores with the use of medications. Therefore medical necessity has not been established.