

Case Number:	CM14-0083100		
Date Assigned:	07/21/2014	Date of Injury:	12/14/2005
Decision Date:	09/23/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/04/2014

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 Physical Medicine and Rehabilitation, Pain Medicine and is licensed to practice in Texas and Ohio. 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 51-year-old male who reported an injury on 12/14/2005 after he was attempting to remove tire covers bolted onto a SUV that ultimately landed on his head, face, neck, chest, hip, and upper extremity. The injured worker's diagnoses included headaches, double vision, hemorrhoids, memory difficulty, depression and anxiety, insomnia, sensitivity to sound, cervical spine and upper extremity pain with numbness and tingling, and low back pain. The injured worker's treatment history included surgical intervention, physical therapy, psychological support, and multiple medications. The injured worker was evaluated on 07/16/2014. Physical findings included an abnormal "ESS" score of 17. The injured worker's treatment plan included a refill of medications. Medications were noted to be Hydrocodone/APAP 7.5/300 mg, Lyrica 150 mg, and Zolpidem 5 mg. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Lyrica 150 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Attal, 2006; ICSI, 2007.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Anti-Epileptics Page(s): 60, 16.

Decision rationale: The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended period of time. The California Medical Treatment Utilization Schedule recommends anticonvulsants as a first line medication in the management of chronic pain. However, the California Medical Treatment Utilization Schedule recommends the ongoing use of medications in the management of chronic pain be supported by a quantitative assessment of pain relief and documented functional benefit. The clinical documentation submitted for review does not provide any evidence of increased functionality or decreased pain levels resulting from the use of this medication. Therefore, continued use would not be supported in this clinical situation. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request for 1 prescription for Lyrica 150 mg #90 is not medically necessary or appropriate.

Unknown prescription of Miralax: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Johnson, 2006; Panchal, Muller-Schwefe, & Wurzelmann, 2007.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

Decision rationale: The clinical documentation submitted for review does not provide any justification for this request. California Medical Treatment Utilization Schedule does recommend the prophylactic treatment of constipation when opioids are used to treat chronic pain. However, the concurrent request for opioids was not supported by the clinical documentation. Therefore, continued prophylactic treatment would also not be supported. Furthermore, the request as it is submitted does not clearly identify a dosage, quantity, or frequency of treatment. In the absence of this information, the appropriateness of the request cannot be determined. As such, the requested Unknown prescription of MiraLax is not medically necessary or appropriate.