

Case Number:	CM14-0086731		
Date Assigned:	07/23/2014	Date of Injury:	01/31/2007
Decision Date:	09/09/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/09/2014

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 Anesthesia, has subspecialties in Acupuncture and 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:

This is a 50 year old female injured worker with date of injury 1/31/07 with related low back pain. Per the progress report dated 4/2/14, it was noted that her low back pain radiated into the posterior and lateral aspect of both legs, worse on the left side. There was associated numbness and a cold sensation in the same distribution as the pain. She was status post epidural steroid injection 2/24/14, and reported 90% relief, and that it was still effective. She rated her pain 5/10. It was noted that the analgesic medications remained effective in reducing her pain to a more tolerable level where she could participate in her daily activities. Per physical exam, there was severe tenderness over the lumbar paraspinals. There was limited range of motion of the lumbar spine. There was reduced pinprick sensation in the distal left lower extremity. Straight leg raise test was positive in both legs. Imaging studies were not available for review. The documentation submitted for review does not state whether physical therapy was utilized. She has been treated with injections, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 capsules of Lyrica 150mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NSAIDs in chronic LBP (Schnitzer 2004) (Blommel 2007).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-17, 99.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, "Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia." Pregabalin is the prodrug of gabapentin and is often used when gabapentin is clinically not sufficiently effective. Per the MTUS Chronic Pain Medical Treatment Guidelines, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per the progress report dated 4/2/14, it was noted that the injured worker's analgesic medications remain effective in reducing her pain to a more tolerable level where she can participate in her daily activities including spending time with her grandchildren. As the injured worker clinically presents with numbness in both legs, which suggests the pain is likely neuropathic, the request is medically necessary.

60 Capsules of Kadian 30MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Therapeutic trials.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals documentation supporting the use of Kadian. Per progress report dated 4/2/14, it was noted that the injured worker's analgesic medications remain effective in reducing her pain to a more tolerable level where she can participate in her daily activities including spending time with her grandchildren. It was noted that the injured worker's most recent urine drug screen from 1/16/14 was consistent with prescribed medications without any evidence of illicit drug use. As such, the request is medically necessary.