

Case Number:	CM14-0170936		
Date Assigned:	10/23/2014	Date of Injury:	05/13/1991
Decision Date:	02/05/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/16/2014

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 Rehab, 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:

This is a 66 year old male who suffered an industrial related injury on 5/13/91 after lifting a pool heater. A physician's report dated 3/21/14 noted the injured worker was working with modifications. The injured worker had complaints of neck, right shoulder, right wrist, finger, low back, bilateral knee, and bilateral ankle pain. Diagnoses included multi-level cervical degenerative disc disease, C6 cervical radiculitis, right shoulder impingement syndrome, right shoulder rotator cuff tear, L4-5 and L5-S1 lumbosacral anterior fusion, lumbar spine radiculopathy, right knee degenerative osteoarthritis, left total knee replacement, and right ankle internal derangement. The treating physician's report dated 8/29/14 noted the injured worker suffered from lumbar post-laminectomy syndrome with residual deficits. The injured worker received a cervical epidural steroid injection on 7/21/14 and a lumbar epidural steroid injection on 1/20/14. The injured worker was taking Norco 10/325mg 4-6 tablets per day in conjunction with Motrin, Lyrica, Mirapex, and LidoPro topical analgesic cream which were noted to be beneficial. Physical examination findings revealed lumbar spine tenderness to palpation bilaterally with increased muscle rigidity. Numerous trigger points were palpable through the lumbar paraspinal muscles. The lumbar spine range of motion was decreased. The sensory examination to Wartenberg pinprick wheel was decreased along the posterior lateral thigh and posterior lateral calf bilaterally in the L5-S1 distribution. The straight leg raise was positive bilaterally causing radicular symptoms. On 9/18/14 the utilization review (UR) physician denied the request for Lyrica 100mg #120 and Motrin 400mg. Regarding Lyrica the UR physician noted the Medical Treatment Utilization Schedule guidelines state there is a lack of evidence to demonstrate that antiepileptic drugs significantly reduce the level of myofascial or other sources of somatic pain. There was also no documented pain relief and objective functional improvement with the use of these medications. Regarding Motrin the UR physician noted non-

steroidal anti-inflammatory medications may not be warranted per the Medical Treatment Utilization Schedule guidelines. Also, evidence of periodic lab monitoring of a complete blood count and chemistry profile were not provided prior to prescribing ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100mg #120: 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 Page(s): 16-21.

Decision rationale: Regarding request for Pregabalin (Lyrica), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement with regards to the use of Lyrica specifically. In the absence of such documentation, the currently requested Pregabalin (Lyrica) is not medically necessary.

Motrin 400mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSIADs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for Motrin (Ibuprofen), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Motrin is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Motrin is not medically necessary.