

Case Number:	CM14-0186515		
Date Assigned:	11/14/2014	Date of Injury:	11/02/2002
Decision Date:	01/05/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/10/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 48 year old male who sustained an industrial injury on 11/02/2002. The mechanism of injury was not provided for review. His diagnoses include chronic low back pain, neuropathic pain in the right foot- status post open reduction internal fixation (ORIF) of the right calcaneus, status post ORIF/fusion of the right ankle and status post ORIF of the pelvis/sacrum. He continues to complain of low back pain. On physical examination he is unable to perform a full squat. There is tenderness to palpation with spasms in the lumbar spine. There is reduced range of motion of the lumbar spine with weakness in the right ankle. Treatment in addition to surgery includes medical therapy. The treating provider has requested Lyrica 150mg #60 and Prevacid 30mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg #60: Overturned

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 Anti-epilepsy medications Page(s): 15, 20.

Decision rationale: The requested Lyrica is medically necessary for the treatment of the patient's condition. Per the documentation, the claimant has right foot neuropathic pain. The medication is part of his medical regimen. Per the California MTUS Chronic Pain Medical Treatment Guidelines, anti-epilepsy medications are a first line treatment for neuropathic pain. Lyrica is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of neuropathic pain. The patient has reported a reduction in his pain with the medical therapy which would be defined as a 50% reduction which would represent a "good" response. Medical necessity has been documented and the requested treatment is medically necessary for treatment of the patient's chronic pain condition.

Prevacid 30mg #30: 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 PPIs Page(s): 68.

Decision rationale: Per the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any symptoms or GI risk factors. GI risk factors include: age > 65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. The claimant has no documented GI issues. Based on the available information provided for review, the medical necessity for Prevacid has not been established. The requested medication is not medically necessary.