

Case Number:	CM14-0195843		
Date Assigned:	12/03/2014	Date of Injury:	07/29/2008
Decision Date:	01/22/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/21/2014

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 Occupational 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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 29, 2008. In a Utilization Review Report dated October 30, 2014, the claims administrator partially approved a request for Lyrica and partially approved request for unknown amounts of acupuncture as four sessions of acupuncture. The claims administrator stated that its decision was based on a progress note dated October 22, 2014. The claims administrator noted that the applicant was using Motrin, inhalers for asthma, Lyrica, and Lidoderm as of that point in time. The claims administrator stated that Lyrica was warranted for neuropathic pain but suggested that a partial approval to gauge ongoing improvement was more appropriate than the lengthier supply of Lyrica proposed. The applicant's attorney subsequently appealed. In an October 22, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating into left leg, 8/10 without medications versus 4/10 with medications. The applicant was on Motrin, asthma inhalers, Lyrica, and Lidoderm, it was acknowledged. The applicant reported side effects of fatigue, malaise, dyspepsia, and heartburn with medications. The applicant exhibited focal hypoesthesias in the lumbar spine with normal light touch sensation about the lower extremities. Normal lower extremity strength was appreciated. The applicant was asked to continue usage of medications. Lidoderm patches were refilled. The attending provider posited that the medications were generating improvement but did not elaborate or expound upon the nature of the same. Lyrica was also renewed. The attending provider stated that previous acupuncture treatments had generated pain relief. The applicant's work status was not outlined. In a supplemental Medical-legal Evaluation dated October 8, 2014, the medical-legal evaluator imposed a 10-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this was not clearly outlined. In a September 8, 2014 progress note, it was acknowledge that the applicant had not

worked since 2009. On July 15, 2014, the applicant reported ongoing complaints of low back pain radiating into the leg. 70% of the applicant's pain was centered in the back, 20% in the right leg, and 10% in the left leg. The applicant stated that standing and walking were problematic. The applicant was on tramadol, Motrin, Lyrica, and Lidoderm. The applicant was also using a TENS unit. The applicant's comorbidities included asthma and anemia. The applicant had not worked since 2009, it was acknowledged. The applicant was asked to employ Motrin at a heightened dose. Facet joint injections were suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Pregabalin Page(s): 7; 99.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Pregabalin or Lyrica as a first-line agent for neuropathic pain as was/is present here. This recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider incorporates some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work. The applicant has not worked since 2009. Ongoing usage of Lyrica has failed to curtail the applicant's dependence on other medications such as Motrin, Lidoderm patches, tramadol, etc. A rather proscriptive 10-pound lifting limitation remained in place, seemingly unchanged, from visit to visit. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lyrica. The attending provider has, furthermore, failed to outline any meaningful improvements in function achieved as a result of ongoing Lyrica usage. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of "side effects" into his choice of recommendations. Here, the applicant is reporting issues with grogginess, fatigue, malaise, dyspepsia with ongoing medication consumption, including ongoing Lyrica consumption. All of the foregoing, taken together, does not make a compelling case for continuation of the same and seemingly outweigh the attending provider's reports of analgesia achieved as a result of medication consumption. Therefore, the request for Lyrica is not medically necessary.

Unknown Acupuncture Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request in question does represent a repeat or renewal request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement; in this case, however, the applicant is off of work. A rather proscriptive 10-pound lifting limitation remains in place, unchanged, from visit to visit. The applicant remains dependent on analgesic and adjuvant medications of Lyrica, Lidoderm, Motrin, tramadol, etc. All of the foregoing, taken together, suggests a lack of functional improvement; despite prior acupuncture in unspecified amounts over the course of the claim. Therefore, the request for Additional Acupuncture is not medically necessary.