MAXIMUS Federal Services

Case Number:	CM14-0200547		
Date Assigned:	12/10/2014	Date of Injury:	10/10/2007
Decision Date:	01/27/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehabilitation, 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 female worker was injured when she slipped over a wet floor and landed heavily on her right side in a small confined space. She had immediate increased pain all over her body. The date of injury was October 10, 2007. Diagnoses include chronic pain syndrome, disc displacement with radiculitis lumbar, acquired spondylolisthesis, lower leg pain in joint and lumbosacral spondylosis without myelopathy. In 2008, she underwent arthroscopic knee surgery on both the right and the left. On March 7, 2014, x-ray of the lumbar spine showed grade 2 anterior listhesis of L5 on S1 with no apparent motion at this level with flexion or extension, severe L5-S1 unchanged degenerative disk disease and severe L5-S1 facet arthropathy. On November 4, 2014, the injured worker complained of moderately exacerbated low back pain. The pain was reported as usually a 9 on a 1-10 pain scale. Pain was bad enough to warrant a visit in an Emergency Department on 10/30/14. She reported that her current medication is stable, adequate and providing good pain relief. Treatment modalities included epidural steroid injections with improvement, knee cortisone injections with improvement, physical therapy, activity modification and medications. A request was made for Lyrica x1 refill and Toradol IM injection. On November 14, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica x1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-22.

Decision rationale: The current request is for Lyrica, an antiepileptic drug that is considered first-line treatment for neuropathic pain, per the CA MTUS. In this case, the patient does have ongoing radicular symptoms, and reportedly has been on Lyrica since as far back as 2009. Utilization Review peer-to-peer documentation notes that the peer advisor and requesting physician agreed that there has not been clear evidence of functional benefit from Lyrica that would support ongoing use. Though this medication has been used for years, there is no clear medical necessity for ongoing use of Lyrica if there is no evidence of benefit. Other than a taper (this antiepileptic should be weaned and not suddenly discontinued), there is no clear medical necessity for Lyrica with refills x 1.

Toradol IM injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Ketorolac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: This medication is an injectable NSAID that the CA MTUS states is not indicated for minor or chronic painful conditions. The Physician's Desk Reference states that this injectable is indicated for short-term management of moderately severe acute pain that it requires analgesia at the opioid level, usually in postoperative setting. In this case, the patient presented with a moderately exacerbation of low back pain. That said, it was rated at 8/10 to 10/10 by the patient. Severe pain was corroborated by the fact that the patient had to go to an Emergency Department on 10/30/14. This meets criteria for moderately severe acute pain. Toradol IM injection was medically necessary.