

Case Number:	CM14-0027196		
Date Assigned:	06/13/2014	Date of Injury:	09/27/2007
Decision Date:	01/23/2015	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/03/2014

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 Texas. 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 injured worker is a 40-year-old male who reported an injury on 09/27/2007. The mechanism of injury was not provided. His diagnosis was noted as lumbar postlaminectomy syndrome. His past treatments were noted to include medication, home exercise program, physical therapy, and work modification. His diagnostic studies were not provided. His surgical history was noted to include lumbar fusion in 2009 and right leg surgery on 12/05/2014. During the assessment 12/17/2014, the injured worker presented for a medical evaluation regarding his lumbar postlaminectomy syndrome, chronic radicular, and regional myofascial pain. The physical examination revealed that the injured worker was ambulatory and had a negative seated straight leg raise bilaterally. His reflexes were 2+ in the knees, 1+ in the ankles, and there was no extensor hallucis longus weakness. His medication was noted to include Lyrica 100 mg 3 times a day; Tylenol/codeine #4, 300/60 mg 1 tablet every 6 hours as needed; Valium 5 mg 1 tablet every day as needed for 30 days. The treatment plan was to continue with current medications. The rationale for the request was that the injured worker had achieved a functional level that allowed him to continue working his usual custom made position and his level of function remained dependent on medication. The Request for Authorization Form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY VISITS QTY:6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The request for physical therapy visits qty:6 is not medically necessary. The California MTUS Guidelines note active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self directed home physical medicine. The guidelines recommend up to 10 visits over 8 weeks for myalgia or myositis unspecified. While the requested 6 visits are within guideline recommendations, the clinical documentation did not include a detailed assessment of the injured worker's current functional condition including range of motion and motor strength which would support the request for physical therapy. There was a lack of documentation indicating whether the injured worker had physical therapy previously with documentation including the number of sessions completed and evidence of significant objective functional improvement with any prior physical therapy. Due to the lack of pertinent information, the request for physical therapy visits qty:6 is not medically necessary.

LYRICA 100MG QTY: 540: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drus (AEDs) Page(s): 16-20.

Decision rationale: The request for Lyrica 100mg qty: 540 is not medically necessary. The California MTUS Guidelines state that Lyrica is an anticonvulsant that has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered a first line treatment for both. This medication is designated as a schedule 5 controlled substance because of its casual relationship with euphoria. This medication has an antianxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. The injured worker was noted to have been taking Lyrica since at least 02/2014. The guidelines recommend that an adequate trial of gabapentin is 3 to 8 weeks for titration. Since the start of Lyrica, there has been no documentation of a detailed assessment with the current pain on a VAS, average pain, intensity of pain, or longevity of pain relief. There was a lack of documentation regarding improved function, ability to perform activities of daily living, or adverse side effects from the use of Lyrica. There was no clinical documentation provided that indicated the injured worker had tried Gabapentin prior to using Lyrica and had an inadequate response. Furthermore, the frequency was not provided and the quantity was questionable at 540 mg. Given the above, the request is not medically necessary.

VALIUM 5MG QTY:90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for Valium 5mg qty:90.00 is not medically necessary. The California MTUS Guidelines do not recommend benzodiazepines for long term use, and most guidelines limit use to 4 weeks. It was noted that the injured worker had been taking Valium 5 mg since 02/2014. Since the start of Valium 5 mg, there has been no documentation of a detailed assessment with the current pain on a VAS, average pain, intensity of pain, or longevity of pain relief. There was also a lack of documentation regarding improved function, ability to perform activities of daily living, or adverse side effects from the use of Valium. Furthermore, the frequency was not provided. Given the above, the request is not medically necessary.

TYLENOL-CODEINE #4 300MG-60MG QTY:30.00: Upheld

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

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

Decision rationale: The request for Tylenol-codeine #4 300mg-60mg qty:30.00 is not medically necessary. The California MTUS Guidelines indicate that Tylenol with codeine #4 should be used for moderate to severe pain and there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug related behaviors. It further recommends that dosing of opioids not exceed 120 mg oral morphine equivalence per day, and for patients taking more than 1 opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. It was noted that the injured worker had been taking Tylenol with codeine since at least 02/2014. Since the start of Tylenol with codeine #4, there has been no documentation of a detailed assessment with the current pain on a VAS, average pain, intensity of pain, or longevity of pain relief. There was also a lack of documentation regarding improved function, ability to perform activities of daily living, or adverse side effects from the use of Tylenol with codeine #4. There was a lack of documentation regarding adverse effects and evidence of consistent results on urine drug screens to verify appropriate medication use. Additionally, the frequency was not provided. In the absence of this documentation, the request is not medically necessary.