

Case Number:	CM14-0218512		
Date Assigned:	01/08/2015	Date of Injury:	05/06/1993
Decision Date:	07/07/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 48 year old female injured worker suffered an industrial injury on 05/06/1993. The diagnoses included cervical and lumbar fusion, bilateral sacroiliitis and chronic pain with neuropathic component and depression. The diagnostics included cervical and lumbar magnetic resonance imaging. The injured worker had been treated with medications, pain pump and physical therapy. On 11/24/2014 the treating provider reported lower back pain, bilateral leg pain with numbness and weakness, mid back pain, neck pain and upper extremity pain with numbness. The injured worker had several episodes of bowel incontinence with increasing back pain on the left below the pain pump. The pain level was 4 to 8/10 predominately axial back pain, 40% of leg pain and 70% of neck pain. There was tenderness of the lumbar spine with severe range of motion restrictions. The left straight leg raise was positive. The treatment plan included Lyrica, Tegaderm dressing, and Sumatriptan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75 mg #60 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 Anti-epilepsy Drugs (AEDs) Section Page(s): 16-20.

Decision rationale: The MTUS Guidelines support the use of Lyrica for the treatment of diabetic neuropathy and postherpetic neuralgia. Anti-epileptic drugs are recommended for the treatment of neuropathic pain. The injured worker does appear to have neuropathic pain based on the clinical reports, and the use of Lyrica has provided increased function. While Lyrica is warranted in this case, refills should not be prescribed until the injured workers pain level and function levels are assessed, therefore, the request for Lyrica 75 mg #60 with 3 refills is not medically necessary.

Tegaderm dressing #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.dressings.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.dressings.org.

Decision rationale: MTUS and ODG do not address the use of Tegaderm. Per manufacturers information, Tegaderm is a dressing that may be used in the treatment of minor burns, pressure areas, donor sites, post-operative wounds, and a variety of minor injuries including abrasions and lacerations. It is also used as a protective cover to prevent skin breakdown due to friction or continuous exposure to moisture. Tegaderm may be used to retain peripheral and central IV catheters, for the transparent nature of the dressing allows the site to be constantly monitored for signs of infection, leakage or catheter misplacement. An alternative product containing iodine (Tegaderm Plus) may be preferred for this indication. The available documentation does not indicate the intended use of the tegaderm. It is assumed that the tegaderm is to be used along with the injured workers intrathecal pump, therefore the request for Tegaderm dressing #30 is medically necessary.

Sumatriptan 6 mg/0.5 ml injection 1-2 doses prior to onset of HA, not to exceed 2/24 hours #2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter/Triptans Section.

Decision rationale: MTUS guidelines do not address the use of triptans. Per the Official Disability Guidelines (ODG), triptans, like Sumatriptan, are recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but

clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. While the Maxalt brand of rizatriptan therapy is more expensive than other triptans, the economic value of rizatriptan depends on the payer's perspective, as the greatest savings can be expected to be achieved in terms of reduced migraine-related loss of work productivity compared with less effective treatments. According to the FDA Orange Book, equivalent generics have been approved for Maxalt, so generic rizatriptan would be recommended. It is not clear from the available documentation what type of headache the injured worker suffers from. He has not been diagnosed with migraine headaches. Therefore, the request for Sumatriptan 6 mg/0.5 ml injection 1-2 doses prior to onset of HA, not to exceed 2/24 hours #2 is not medically necessary.