MAXIMUS Federal Services

Case Number:	CM15-0006645		
Date Assigned:	01/26/2015	Date of Injury:	04/27/2001
Decision Date:	03/24/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/12/2015

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, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 68-year-old female who reported an injury on 04/27/2001. On 03/27/2014, she presented for a followup evaluation for medication management. She reported neck pain radiated into the bilateral upper extremities, low back pain that radiated into the bilateral upper extremities, pain in the bilateral hands, and pain in the bilateral feet. She rated her pain at a 6/10 with medications and an 8/10 without medications. The physical examination showed that she utilized a cane in order to ambulate. The lumbar spine was tender upon palpation in the spinal vertebral area at the L4 and S1 levels. Pain was significantly increased with flexion and extension. Facet signs were present bilaterally. She was prescribed her medications, and was counseled as to the benefits and potential side effects. It was noted that she had been monitored periodically with urine drug screens and CURES reports. The treatment plan was for Lyrica 50mg #30, hydrocodone 5-325mg #60, and gabapentin 300mg #270. The rationale for treatment was to continue to treat the injured workers symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS), Pregabalin (Lyrica).

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

Decision rationale: According to the California MTUS Guidelines, Lyrica is recommended for the treatment of diabetic neuropathy, postherpetic neuralgia, and fibromyalgia. The documentation provided does not indicate that the injured worker has any of these conditions. Therefore, the request for Lyrica would not be supported. In addition, the frequency of the medication was not provided within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Hydrocodone 5-325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. While it is noted that the injured worker has been monitored using the 4 A's as stated within the documentation, official urine drug screens and CURES reports were not provided for review to validate that she has been compliant with her medication regimen. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Gabapentin 300mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS), Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: The California MTUS Guidelines state that gabapentin is recommended as a first line treatment option in those with neuropathic pain. Based on the clinical documentation submitted for review, the injured worker was not noted to have neuropathic pain. Therefore, the request for gabapentin would not be supported. Also, the frequency of the medication was not provided within the request. Therefore, the request is not supported. As such, the request is not medically necessary.