MAXIMUS Federal Services

Case Number:	CM15-0008307		
Date Assigned:	02/05/2015	Date of Injury:	10/02/2009
Decision Date:	03/27/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/14/2015

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, Hawaii
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:

This 53 year old female sustained a work related injury on 10/02/2009. According to a progress report dated 11/19/2014, the injured worker complained of low back pain. The injured worker stated that her pain was worse and was described as pins and needles and tingling and numbness. Pain was rated 7 on a scale of 0-10. According to the provider, the injured worker was taking Celebrex as indicated and the Tramadol was increased in the interim to 50mg one by mouth three times a day and she took Lyrica 200mg at night. The provider noted that the injured worker had no allergies. The impression included chronic low back pain, lumbar spondylosis, lumbar radiculitis, lumbar facet arthropathy and depression and anxiety. The injured worker had exhausted all conservative means of treatment and likely would not improve without a structured functional restoration approach. She was recommended for a multidisciplinary evaluation to assess her candidacy for a functional restoration program. According to the provider, in the interim, Tramadol would be increased to 50mg by mouth four times a day. Lyrica 200mg would be continued along with Celebrex 200 mg by mouth twice a day. According to a multidisciplinary team conference dated 12/29/2014, the provider noted that the injured worker could not report any functional improvement with Tramadol. Conservative care included trigger point injection, acupuncture, physical therapy, ongoing psychotherapy and 20 sessions of chiropractic care. Work status was noted as permanent and stationary. On 12/15/2014, Utilization Review modified Tramadol 50mg #120 and non-certified Lyrica 100mg #60. According to the Utilization Review physician, in regard to Tramadol, there was no documentation of return to work or objective functional improvement with this drug. Guidelines

do not recommend continuation of opioids in the absence of benefit. There was documentation of Tramadol allergy which is a contraindication to its use. Guidelines recommend weaning off of opioids in this case. In regard to Lyrica, there was no specific diagnosis of neuropathic pain. No specific dermatomal pattern was described. There was no indication of any pain reduction or functional improvement from the use of this. Guidelines do not recommend it for non-specific axial low back pain. CA MTUS Guidelines were cited. Lyrica is a controlled drug due to its euphoric effects and its use may be questionable considering the injured worker's tendency to go to outside non-primary treaters and to refuse rand drug screens. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the low back. The current request is for Tramadol 50mg #120. The treating physician report dated 11/19/14 (14C) states, "Tramadol was increased in the interim to 50 mg one p.o. t.i.d." There was no further rationale provided by the physician for the current request. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The treating physician report dated 12/19/14 (10C) states, "I explained to her that we are unable to prescribe opioids as her urine drug screen repeatedly has been negative." The report goes on to note that the patient's pain is 10/10, and "medications have helped very little." No adverse effects or adverse behavior were noted by the physician. There is no evidence in the medical reports provided that show the patient's ADL's have improved. The patient's last urine drug screens were inconsistent. The continued use of tramadol has not improved the patient's symptoms and therefore have not allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are not addressed and functional improvement has not been documented. Recommendation is for denial.

Lyrica 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain affecting the low back. The current request is for Lyrica 100mg #60. The treating physician report dated 11/19/14 (14C) states, "She is taking the Lyrica 200 mg at night, we will continue to do that." The report dated 12/19/14 (10C) notes that the patient's pain is 10/10, and "medications have helped very little." The MTUS guidelines support the usage of Lyrica for neuropathic pain, diabetic neuropathy and postherpetic neuralgia. In this case, there is no documentation of functional improvement in the medical reports provided or evidence that shows the patient has received a relief in her symptoms from the use of this medication. Recommendation is for denial.