

Case Number:	CM15-0100991		
Date Assigned:	06/03/2015	Date of Injury:	10/01/2013
Decision Date:	07/03/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/26/2015

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

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

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 59-year-old male who sustained an industrial injury on 10/1/13 the result of cumulative trauma. He currently is experiencing neck and lumbar pains with left leg radiculopathy. His low back pain is greater than his leg or neck pain. He can perform basic activities of daily living independently and dose housework slowly. Medications are Lyrica and Butrans patch. Diagnoses include chronic lumbar degenerative disk disease at L4-5 and L5-S1 with mild central and neural foraminal stenosis; degenerative disk disease cervical spine C6-7 and C7-T1; possible bilateral carpal tunnel syndrome with minimal symptoms. Treatments to date include medications and physical therapy. Diagnostics include MRI lumbar spine (10/2013) show lumbar disc bulge. In the progress noted dated 4/20/15 the treating provider's plan of care includes continuing medications, which are Lyrica, and Butrans patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-21.

Decision rationale: Regarding request for pregabalin (Lyrica), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, a progress note on 4/20/2015 noted the patient continue to have 9 out of 10 pain while taking current medication. There is also no documentation of specific objective functional improvement and no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested pregabalin (Lyrica) is not medically necessary.

Butrans patch 20mcg/hr #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication Page(s): 75-80.

Decision rationale: Regarding the request for Butrans (buprenorphine), Chronic Pain Medical Treatment Guidelines state that Butrans is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, a progress note on 4/20/2015 noted the patient continue to have 9 out of 10 pain while taking current medication. There is also no documentation of specific objective functional improvement, no discussion regarding side effects from this medication, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Butrans (buprenorphine) is not medically necessary.