MAXIMUS Federal Services

Case Number:	CM15-0137708		
Date Assigned:	08/11/2015	Date of Injury:	05/18/2002
Decision Date:	09/29/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, New York, 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 18, 2002. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve requests for Dilaudid and Lyrica. Partial approvals were apparently issued. A follow-up visit was approved. The full text of the Utilization Review report, it is incidentally noted, was not seemingly attached to the application. The claims administrator did, however, reference an RFA form and an associated progress note of June 1, 2015 in its determination. The applicant's attorney subsequently appealed. On August 10, 2015, the applicant reported ongoing complaints of neck and back pain, 5-8/10. Hyposensorium about the leg was reported. The applicant was using a walker and a wheelchair to move about. Lyrica and Dilaudid were endorsed. The attending provider contended that the applicant's medications were allowing her to function unspecified activities of daily living but did not elaborate further. The applicant's work status was not detailed, although it did not appear that the applicant was working. On March 12, 2015, the applicant again reported 5-8/10 neck and back pain complaints. The attending provider again acknowledged that the applicant was frequently using a wheelchair to move about but could, at times, ambulate for a few steps. Dilaudid and Lyrica were endorsed. The applicant was asked to try and lose weight. The applicant's work status and weight were not, however, furnished. On April 30, 2015, the applicant again reported 5-8/10 neck and back pain complaints. The applicant was using Dilaudid and Lyrica for pain relief, it was reported. The attending provider contended that the applicant was predominantly using a wheelchair to move about. Once again, the applicant's work status was not detailed, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2mg #300: 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 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Dilaudid, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not furnished on multiple office visits, referenced above, including on August 10, 2015, suggesting that the applicant was not, in fact, working. While the attending provider stated on several occasions that the applicant's medications were beneficial, these reports were, however, outweighed by the attending provider's failure to report the applicant's work status, the applicant's seeming failure to return to work, and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Dilaudid usage. The applicant remained wheelchair-bound, it was reported on multiple office visits, referenced above. The applicant was minimally ambulatory, it was further noted. It did not appear, in short, that the applicant had profited in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.

Lyrica 150mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Pregabalin (Lyrica); Functional Restoration Approach to Chronic Pain Management Page(s): 99; 7.

Decision rationale: Similarly, the request for Lyrica, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Pregabalin or Lyrica is FDA approved in the treatment of diabetic neuropathy and postherpetic neuralgia, and, by analogy, neuropathic pain complaints in general, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and

on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant's work status was not reported on multiple office visits, referenced above, including on August 10, 2015, suggesting that the applicant was not, in fact, working. The applicant was having difficulty performing activities of daily living as basic as standing and walking, it was further noted. The applicant was using a walker and/or wheelchair to move about, it was reported on several office visits of early and mid 2015, referenced above. Ongoing usage of Lyrica failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Lyrica. Therefore, the request was not medically necessary.