

Case Number:	CM15-0145991		
Date Assigned:	08/06/2015	Date of Injury:	11/17/2008
Decision Date:	09/10/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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 36-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 17, 2008. In a Utilization Review report dated July 17, 2015, the claims administrator failed to approve requests for morphine and Lyrica. The claims administrator referenced a June 24, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On June 24, 2015, the claimant reported ongoing complaints of low back radiating to the bilateral lower extremities, 6/10. The claimant reported ancillary complaints of fatigue and tinnitus, it was incidentally noted. The claimant was overweight, with a BMI of 32, it was reported. The claimant had undergone earlier failed lumbar spine injury with subsequent implantation of a spinal cord stimulator and subsequent implantation of an intrathecal pain pump. Laboratory testing, polysomnography, morphine, Lyrica, Cymbalta, and confirmatory drug testing were endorsed. The applicant was placed off of work, on total temporary disability. No seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate ER 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for morphine sulfate extended release, a long-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 was off of work, on total temporary disability, as of the date of the request, June 24, 2015. The applicant reported pain complaints as high as 6/10, despite ongoing morphine usage. The attending provider failed to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing morphine usage. Therefore, the request was not medically necessary.

Lyrica (pregabalin) 100mg ne am two po noon and two po qhs x 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

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 of 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 neuropathic pain and/or pain associated with postherpetic neuralgia and, by analogy, neuropathic pain complaints in general, as were present here in the form of the applicant's ongoing lumbar radicular pain complaints, 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 remained off of work, on total temporary disability, despite ongoing Lyrica usage. The applicant continued to report pain complaints as high as 6/10 despite ongoing Lyrica usage. Ongoing usage of Lyrica failed to curtail the applicant's dependence on opioids agents such as morphine, it was acknowledged on June 24, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Lyrica. Therefore, request was not medically necessary.