

Case Number:	CM15-0182429		
Date Assigned:	09/23/2015	Date of Injury:	10/13/2008
Decision Date:	11/04/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/16/2015

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: California, Massachusetts

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:

This 45 year old woman sustained an industrial injury on 10-13-2008. Evaluations include lumbar spine MRI dated 9-13-2013. Diagnoses include partial lumbar laminectomy, lumbosacral herniated nucleus pulposus, ongoing bilateral neuropathic leg pain, and facet arthropathy of the spine. Treatment has included oral medications including Norco and Tramadol, lumbar facet rhizotomy, and bilateral lumbar rhizotomy with residual right leg burning. Physician notes on a PR-2 dated 8-4-2015 show complaints of unchanged low back pain with bilateral lower extremity pain. The worker states that the Lyrica decreases her pain about 60-70%. The worker rates her pain 6 out of 10 without medications and 3 out of 10 with medications. The physical examinations shows a lumbar spine tenderness to palpation of the lower lumbar paraspinals, decreased flexion, decreased extension, strength is normal throughout the bilateral hips, knees and ankles. Decreased sensation is noted to the right L5 dermatome and general bilateral plantar soles, stretch muscle reflex is diminished and symmetric at the patella and Achilles tendon, and straight leg raise is positive on the right calf and negative on the left. Recommendations include activity modifications, continue home exercise program, electromyogram and nerve conduction studies of the bilateral lower extremities, Percocet, Lyrica, Senna-S, pain management consultation, and follow up in one month. Utilization Review denied requests for Lyrica, Percocet, pain medicine consultation, and Senna.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg, #180 with 3-refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits.

Decision rationale: According to CA MTUS "Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. Recommended for neuropathic pain (pain due to nerve damage. (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007)" From my review of the medical records provided, the IW has objective evidence and subjective symptoms that are consistent with neuropathic pain. Based on the cited guidelines and reviewed records, continued use of pregabalin is medically necessary.

Percocet 5/325 #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records, the patient is experiencing quantifiable improvement with ongoing use of long-acting opioids such as the prescribed medication. VAS score have improved with noted improvement in objective physical exam findings and functional capacity. There has been no escalation, UDS have been appropriate, there are no reported side effects, and no reported concerns of abuse. Additionally the injured worker reports improvement of ADLs with current opioid prescription. Consequently, continued use of opioids is medically necessary.

Pain management consult: Overturned

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits.

Decision rationale: The cited guidelines support referral to pain consultation when conservative treatment has not been successful, there is no planned surgical intervention pending and the patient is experiencing worsening of pain symptoms that is impacting functional capacity. ACOEM, Chapter 6, page 114 states, in pertinent part: "Research suggests that multidisciplinary care is beneficial for most persons with chronic pain, and likely should be considered the treatment of choice for persons who are at risk for, or who have, chronic pain and disability." The guidelines also state that "physicians should consider referral for further evaluation and perhaps cooperative treatment if: 1) specific clinical findings suggest undetected clinical pathology. 2) appropriate active physical therapy does not appear to be improving function as expected. 3) the patient experiences increased pain, or at the very least, pain does not decrease come over time." From my review of the records evaluation by pain management is necessary as epidural injection is a potential clinical option at this time that should be assessed by a specialist. Considering the provided records and cited guidelines, referral for pain medicine consultation is medically necessary.