

Case Number:	CM15-0182457		
Date Assigned:	09/23/2015	Date of Injury:	06/01/1989
Decision Date:	11/03/2015	UR Denial Date:	09/01/2015
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 72 year old woman sustained an industrial injury on 6-1-1989. Diagnoses include cervical spondylosis with myelopathy, reflex sympathetic dystrophy of the upper limb, spinal stenosis in the cervical region, and thoracic spine pain. Treatment has included oral medications, injection therapy, and surgical intervention. Physician notes dated 8-13-2015 show complaints of headache, neck pain, and back pain. The worker states her pain range is 6-10 out of 10 and is improved with medication. The physical examination shows no acute distress, no tenderness to palpation of the cervical spine, decreased range of motion to the neck bilaterally, spasm in the cervical paraspinal muscles, bilateral cervical trigger point, tenderness to palpation of the cervical facet joints, positive Spurling's test, and positive foraminal compression test. Recommendations include intrathecal pump implant, Fentanyl patch, Percocet, Lyrica, Cymbalta, urine drug screen, and follow up in two months. Utilization Review denied requests for Lyrica and implantation of the intrathecal pain pump. The pump was denied citing failure to support a trial prior to implantation. Lyrica was denied citing no documentation in the available records of diabetic neuropathy, postherpetic neuralgia, fibromyalgia, or spinal cord injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal pump implant with fluoroscopy and general anesthesia: Upheld

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): Implantable drug-delivery systems (IDDSs).

Decision rationale: Placement of an intrathecal Implantable drug-delivery systems (IDDSs) is appropriate for retractable chronic pain when conservative therapy has failed when the following conditions have been met: 1. Strong opioids or other analgesics in adequate doses, with fixed schedule (not PRN) dosing, have failed to relieve pain or intolerable side effects to systemic opioids or other analgesics have developed; and 2. Life expectancy is greater than 3 months (less invasive techniques such as external infusion pumps provide comparable pain relief in the short term and are consistent with standard of care); and 3. Tumor encroachment on the thecal sac has been ruled out by appropriate testing; and 4. No contraindications to implantation exist such as sepsis or coagulopathy; and 5. A temporary trial of spinal (epidural or intrathecal) opiates has been successful prior to permanent implantation as defined by a 50% reduction in pain. A temporary trial of intrathecal (intraspinal) infusion pumps is considered medically necessary only when criteria 1-4 above are met. From my review of the record a trial temporary implant has not been attempted and has not been shown to be successful. Therefore considering the cited guidelines, the requested treatment is not medically necessary at this time.

Lyrica 100mg #90: 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): Pregabalin (Lyrica).

Decision rationale: According to CA MTUS "Pregablin (Lyrica) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) ... appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life.... 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. This medication is commonly prescribed as a first line agent in chronic neuropathic pain. Based on the cited guidelines, reviewed records, continued use of Lyrica is medically necessary, and appropriate.