

Case Number:	CM15-0192957		
Date Assigned:	10/07/2015	Date of Injury:	11/23/1989
Decision Date:	11/30/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/01/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 injured worker is a 55 year old male, who sustained an industrial injury on November 23, 1989. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having failed back surgery syndrome and lumbar radiculopathy. Treatment to date has included medication, intrathecal medication pump and home exercise. On June 19, 2015, the injured worker complained of constant left greater than right lumbar radicular pain. The pain was rated as an 8 on a 1-10 pain scale. The pain was described as sharp, stabbing, cramping, weakness and spasm. Medication helps alleviate the pain. The injured worker reported less function without his medications. Physical examination of the lumbar spine revealed paralumbar tenderness, left greater than right. Lying straight leg raise and sitting straight leg raise were positive on the left (back only). The treatment plan included medication management, start Methadone, follow-up appointments and continuation of home exercises. On September 17, 2015, utilization review denied a request for Diazepam 10mg #120 with one refill and Lyrica 150mg #60 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Guidelines state that benzodiazepines are not recommended for long term use and use is limited to 2-3 weeks. Benzodiazepines are not recommended for use with chronic opioids. In this case, the patient has been taking diazepam since 2014 which is not in compliance with guidelines. The request for diazepam 10 mg #120 with 1 refill is not medically necessary and appropriate.

Lyrica 150mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Guidelines recommend Lyrica for treating diabetic painful neuropathy and post herpetic neuralgia. It may also be used as a first line treatment for neuropathic pain. Continued use of Lyrica is recommended if there is adequate response to pain. In this case, the patient reported continued pain and spasms and did not show any functional improvement. Thus, the request for Lyrica 150 mg #60 with 2 refills is not medically appropriate and necessary.