

<b>Case Number:</b>	CM15-0206805		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	05/26/2013
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 45 ( ) year old female, who sustained an industrial injury on 5-26-2013. The injured worker is being treated for muscle spasm, fracture sacrum-coccyx closed, thoracic-lumbar neuritis-radiculitis, disorders sacrum and lumbosacral spondylosis. Treatment to date has included medications and epidural steroid injections. Per the Primary Treating Physician's Progress Report dated 9-15-2015, the injured worker presented for reevaluation of leg pain, joint pain and hip pain. She reported continued back pain rated as at least 7 out of 10 and at its worst 9 out of 10. The pain is constant and radiating and is decreased by medications and warm weather. Medications reduce her pain and are tolerated without side effects. She continues to have muscle spasms. Objective findings included tenderness to palpation of the lumbar paraspinous area and no spasm. On 7-21-2015 and 8-19-2015 her average pain was rated as 8 out of 10. Per the medical records dated 7-21-2015 to 9-15-2015, there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to the current medications. Work status was not documented at this visit. The plan of care included medications and a trigger point injection of Toradol was administered. Prescriptions were written for Norco 10-325mg #150, Lyrica 50mg #60, Baclofen 10mg #120 and Ibuprofen 800mg #90. On 10-16-2015, Utilization Review non-certified the request for Ibuprofen 800mg #90 and modified the request for Lyrica 50mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Per the guidelines, in chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or a discussion of side effects specifically related to NSAIDs to justify use. The medical necessity is not substantiated in the records. Therefore, the requested treatment is not medically necessary.

**Lyricea 50mg #60:** Upheld

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

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

**Decision rationale:** Pregabalin or Lyricea 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. The medical records fail to document any improvement in pain, functional status or a discussion of side effects specifically related to Lyricea nor a diagnosis of diabetic neuropathy or postherpetic neuralgia to justify use. The medical necessity of Lyricea is not substantiated in the records. Therefore, the requested treatment is not medically necessary.