

Case Number:	CM15-0024604		
Date Assigned:	02/17/2015	Date of Injury:	04/15/2013
Decision Date:	04/02/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	02/09/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 38 year old male who sustained a work related injury April 15, 2013, while performing his usual and customary job duties as a construction worker. While carrying a heavy marble counter with a co-worker, he felt a sudden onset of low back pain and pain in his bilateral lower extremities. He was treated with medications, massage, hot pads, ice packs, exercise and acupuncture. According to an orthopedic consultation report-established patient, dated December 4, 2014, the injured worker presented with complaints of continued low back pain with numbness and tingling in the bilateral legs, left greater than right, rated 9/10. He is awaiting authorization for a discogram L3-S1 to isolate the source of pain. Diagnoses are documented as lumbar spine strain/sprain, herniated lumbar disc, positive MRI with radiculitis/radiculopathy (report dated 3/13/2014 present in medical record), s/p epidural steroid injection x (1) with no relief. Treatment plan included medications, nerve conduction studies and psychiatric evaluation for surgical clearance prior to discogram. According to utilization review dated January 10, 2015, the request for Lyrica 75mg #60 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Tylenol #4 #120 has been modified to Tylenol #4 #96, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-21.

Decision rationale: Regarding request for Lyrica, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested Lyrica is not medically necessary.

Tylenol no.4 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for Tylenol #4, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Tylenol #4 is not medically necessary.