

Case Number:	CM15-0222914		
Date Assigned:	11/18/2015	Date of Injury:	06/12/2002
Decision Date:	12/30/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/12/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 53 year old female patient, who sustained an industrial-work injury on 6-12-02. The diagnoses include status post fusion L5-S1 with laminectomy and reactive depression with anxiety disorder. Per the primary physician's progress report dated 9/29/15, she had complains of worsening pain in the back and shooting down the left leg that was rated 10 out of 10 without medication and 4 out of 10 with medication. Pain medication helps her to function and with ADL's (activities of daily living) to 50% reduction in pain. Per the primary physician's progress report (PR-2) on 9-29-15, physical exam revealed decreased flexion in the lumbar spine, inability to stand up straight, absent left Achilles tendon reflex, and sensory loss in the left lateral calf and bottom of foot. The medications list includes norco, Mobic, Zoloft, and Lyrica. She had lumbar MRI dated 8-28-15, which revealed recurrent disc protrusion posteriorly causing impingement greater on the left than the right on the nerve root, hypertrophic facet arthrosis at the disc level at L4-5 with compromise. She has undergone fusion L5-S1 with laminectomy. Other therapy done for this injury was not specified in the records provided. Current plan of care includes refill Norco, Zoloft, Lyrica and Mobic. The Request for Authorization requested service to include Mobic 15mg, #30 and Lyrica 75mg, #30. The Utilization Review on 10-16-15 denied the request for Mobic 15mg, #30 and Lyrica 75mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 15mg, #30: Overturned

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

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

Decision rationale: Mobic 15mg, #30. Meloxicam is a NSAID. According to CA MTUS guidelines, "Meloxicam is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis." CA MTUS states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, the patient had worsening pain in the back and shooting down the left leg that was rated 10 out of 10 without medication and 4 out of 10 with medication. Pain medication helps her to function and with ADL's (activities of daily living) to 50% reduction in pain. The patient has objective findings on physical examination-decreased flexion in the lumbar spine, inability to stand up straight, absent left Achilles tendon reflex, and sensory loss in the left lateral calf and bottom of foot. She has a history of lumbar spine surgery. NSAIDs are considered first line treatment for pain and inflammation. The request of Mobic 15mg #30 is medically appropriate and necessary for this patient at this juncture.

Lyric 75mg, #30: Overturned

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), Pregabalin (Lyrica).

Decision rationale: Lyrica 75mg, #30. Lyrica is an antiepilepsy medication. According to MTUS chronic pain guidelines, antiepilepsy drugs are "recommended for neuropathic pain" (pain due to nerve damage). Per the submitted medical records, the patient had worsening pain in the back and shooting down the left leg that was rated 10 out of 10 without medication and 4 out of 10 with medication. The patient has objective findings on physical examination-decreased flexion in the lumbar spine, inability to stand up straight, absent left Achilles tendon reflex, and sensory loss in the left lateral calf and bottom of foot. She has a history of lumbar spine surgery. Lyrica is medically appropriate and necessary in such a clinical situation. The request of Lyrica 75mg #30 is medically necessary and appropriate for this patient.