

Case Number:	CM15-0045772		
Date Assigned:	03/18/2015	Date of Injury:	09/05/2008
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/10/2015

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

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 54 year old female, who sustained an industrial injury on 09/05/2008. Initial complaints reported included low back pain, pain in the right buttock and groin, and pain radiating down the right lower extremity. The injured worker was diagnosed as having superior lateral acetabular tear and evidence of femoral acetabular impingement syndrome. Treatment to date has included x-rays and CT scan and MRI of the right hip, injections to the right hip, right total hip replacement, MRIs of the lumbar spine, electrodiagnostic testing of the lower extremities, physical therapy, radiofrequency ablation of the lumbar spine, medications, and conservative care. Currently, the injured worker complains of low back pain, right lower extremity pain and right hip pain. Current diagnoses include pain in joint of pelvic region and thigh, chronic pain syndrome, and depressive disorder not elsewhere classified. The treatment plan consisted of continued medications (Lyrica, Butrans and Norco), TENS (Transcutaneous Electrical Nerve Stimulation), and continued home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 200mg, # 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 99.

Decision rationale: The injured worker is being treated for chronic low back pain secondary to facet joint pain and depression. There is also notation of radiating right lateral thigh pain of unclear etiology. She had been maintained on gabapentin 100 mg 3 times daily with reportedly effective relief of radiating pain. On 7/1/14, the treating physician noted poor tolerance of gabapentin but did not indicate notable side effect. A request was subsequently made for Lyrica to replace gabapentin. Lyrica is FDA approved for diabetic neuropathy, post herpetic neuralgia and fibromyalgia. However, given the patient's reported effective response to gabapentin and intolerable side effects, it is clinically reasonable to trial pregabalin (which is in the same class as gabapentin) for the same pain condition as an off label use. The request for Lyrica is therefore medically necessary.

Butrans 15 mcg/hr patches, #4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

Decision rationale: The injured worker is being treated for chronic low back pain secondary to facet joint pain and depression. There is also notation of radiating right lateral thigh pain of unclear etiology. She had been maintained on Butrans 15 g with reported pain levels of 3-5 out of 10. MTUS guidelines recommend Butrans as an option for chronic pain especially in patients with a history of opioid addiction. In addition, maintenance of opioids is recommended with reduced pain and increase function or return to work. Although the patient has not returned to work, there is adequate documentation of pain reduction and improved function. Therefore, Butrans is medically necessary for the injured worker's chronic pain syndrome.

Norco 10/325mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

Decision rationale: The injured worker is being treated for chronic low back pain secondary to facet joint pain and depression. There is also notation of radiating right lateral thigh pain of unclear etiology. She had been maintained on Butrans 15 g with reported pain levels of 3-5 out of 10. Records indicate the patient was discontinued from Norco on 9/17/14. Several months

later the injured worker had a pain exacerbation for which Norco was restarted for low back breakthrough pain following a trial of acetaminophen. The request for Norco as needed for breakthrough low back pain is medically necessary as per MTUS guidelines.