

Case Number:	CM15-0086930		
Date Assigned:	06/26/2015	Date of Injury:	02/20/1998
Decision Date:	07/28/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/06/2015

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: Arizona, 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 56-year-old female sustained an industrial injury to the low back on 2/20/98. Previous treatment included magnetic resonance imaging, physical therapy and medications. In PR-2's dated 1/30/15, 2/27/15 and 3/24/15, the injured worker rated her low back pain 4/10 on the visual analog scale. In a PR-2 dated 4/23/15, the injured worker complained of low back pain with radiation to bilateral hips, rated 4/10 on the visual analog scale. The injured worker had undergone a spinal cord stimulator trial on 3/17/15. The injured worker reported that the trial decreased episodes of radiating pain by 50%, allowing for increased mobility and range of motion with markedly less pain when walking. The injured worker was able to decreased use of Flexeril by one pill per day. The injured worker reported that ongoing use of Morphine IR decreased the severity of pain, allowing for increased mobility and function. Physical exam was remarkable for lumbar spine with decreased range of motion and negative straight leg raise bilaterally and bilateral lower extremity muscle strength 5/5 throughout with the exception of 4/5 left tibialis anterior muscle strength. The injured worker walked with a normal gait and could heel and toe walk. Current medications included Ativan, Famotidine, Imitrex, Lidoderm patch, Lunesta, Duexis, Lyrica, Morphine Sulfate IR and Flexeril. Current diagnoses included lumbar post laminectomy syndrome, lumbosacral radiculitis and lumbosacral spondylosis without myelopathy. The treatment plan included spinal cord stimulator implantation and continuing medications (Lunesta, Vistaril, Imitrex, Lidoderm patch, Duexis and Morphine Sulfate IR).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 19.

Decision rationale: According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnosis. The claimant had been on Lyrica along with other analgesics for several months. There is no indication for continued use and the Lyrica is not medically necessary.

MSIR (Morphine Sulfate IR) 15 mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the guidelines, morphine is not indicated as 1st line for mechanical, compressive etiologies or nerve root pain. In addition, the claimant was advised to take 1 tablet 6 times daily but was prescribed an amount equal to 8 times daily. That would also be the maximum allowable dose of morphine daily. There was no mention of weaning attempt or failure of Tricyclics. The continued and chronic use of MSIR as above is not medically necessary.