

Case Number:	CM15-0088733		
Date Assigned:	05/13/2015	Date of Injury:	03/23/2008
Decision Date:	06/12/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/08/2015

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, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 61-year-old female, who sustained an industrial injury on 3/23/2008. The mechanism of injury is unknown. The injured worker was diagnosed as having anterior lumbar interbody fusion, post-lumbar laminectomy syndrome, chronic pain syndrome, lumbosacral neuritis/radiculitis and lumbar facet arthropathy. There is no record of a recent diagnostic study. Treatment to date has included surgery, therapy and medication management. In a progress note dated 4/29/2015, the injured worker complains of low back pain, right hip pain, right leg pain and bilateral foot pain. Pain is rated 10/10 without medications and 5-6/10 with medications. The treating physician is requesting Dilaudid 4 mg #15 and Lyrica 25 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C. C. R. 9792. 20 - 9792. 26 Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured about 7 years ago. The claimant is post fusion, and has chronic pain. As of April, there is still pain. There is subjective reduction in pain with medicine, but no objective functional improvement as defined in MTUS. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.

Lyrica 25mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs (AEDs) / anti-convulsants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C. C. R. 9792. 20 - 9792. 26 MTUS (Effective July 18, 2009) Page(s): 16 of 127.

Decision rationale: As shared previously, the claimant was injured about 7 years ago. The claimant is post fusion, and has chronic pain. As of April 2015, there is still pain. Although subjective reduction is noted, there is no documentation of objective functional improvement as defined in MTUS. The MTUS notes that these medicines are recommended for neuropathic pain (pain due to nerve damage. (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007) The MTUS further notes that most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). I did not see that this claimant had these conditions for which the medicine is effective. The request was appropriately not medically necessary under MTUS criteria.