

Case Number:	CM14-0125538		
Date Assigned:	09/24/2014	Date of Injury:	11/07/1990
Decision Date:	10/24/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Intentional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 case involves an 81 year old female with an injury date on 11/07/1990. Based on the 11/04/2013 progress report, the patient complains of low back pain and leg pain, left greater than right. The patient rates her pain as an 8/10. The progress reports provided do not discuss any positive exam. The patient is diagnosed with spondylolistheses L4-5, moderate stenosis. The request is for Lyrica 50 mg, QTY: 30 and an interferential or transcutaneous electrical nerve stimulator unit. The utilization review determination being challenged is dated 08/05/2014. ■■■■■ is the requesting provider, and provided two treatment reports from 11/4/2013 and 09/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg, qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS: Pregabalin (Lyrica, no generic available) Page(s): 19-20.

Decision rationale: According to the 11/04/2013 report, this patient presents with low back pain and leg pain, left greater than right. The report with the request was not provided. The treater is requesting Lyrica 50 mg, QTY: 30. MTUS guidelines has the following regarding Pregabalin (Lyrica), "Pregabalin (Lyrica , no generic available) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both." Review of the reports show no documentation of diabetic neuropathy or post therapeutic neuralgia; however, the patient does present with leg symptoms or radicular pain that is neuropathic. The use of Lyrica may be indicated but the treater does not mention how this medication is helping this patient. There are two treatment reports from 9/4/14 and 11/4/13, neither of which mention Lyrica's efficacy. MTUS page 60 requires recording of pain and function on each visitation when medications are used for chronic pain. As such, this request is not medically necessary.

Interferential or Transcutaneous Electrical Nerve Stimulator Unit, duration unspecified:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS); TENS, chronic pain (tra.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, for TENS Page(s): 114-121.

Decision rationale: According to the 11/04/2013 report, this patient presents with low back pain and leg pain, left greater than right. The report with the request was not provided. The treater is requesting for Interferential (IF) or transcutaneous electrical nerve stimulator (TENS) unit. MTUS recommends that a one-month trial period of the unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Review of the reports show no documentation of patient having tried an IF or a TENS unit for a one month period. In this case, the request is for a rental maybe appropriate but not a purchase. Therefore, this request is not medically necessary.