MAXIMUS Federal Services

Case Number:	CM14-0145946		
Date Assigned:	09/12/2014	Date of Injury:	02/16/2013
Decision Date:	10/15/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/09/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 33-year-old male with a reported injury on 02/16/2013. The mechanism of injury was a motor vehicle accident. The injured worker's diagnoses include lumbar disc disease with radiculitis, degeneration of lumbar discs, and low back pain. The injured worker's past treatments included physical therapy, medications, modified activity, medial branch block, home exercise, a TENS unit, immobilization with use of a back brace, epidural steroid injections, and acupuncture. The injured worker's diagnostic testing included a normal Electromyography/ Nerve Conduction Velocity (EMG/NCV)on 11/01/2013, x-rays of the lumbar, thoracic, and cervical spine on 02/16/2013, and an magnetic resonance imaging (MRI) of the lumbar spine on 05/09/2013 which revealed mild degenerative disc disease at L3-4 with a mild disc bulge. No surgical history was provided. The injured worker was evaluated on 08/27/2014 for back pain that he rated as a 6/10 in intensity. He described the pain as burning, sharp, shooting, stabbing, tightness, with spasms. He reported that the pain as aggravated by picking any weight up off the floor and standing for prolonged periods. He reported that the pain impaired his ability to perform household chores, walk, run, and play sports. The injured worker reported low back pain with radiation to the right lower extremity up to the knee with tingling, numbness, and occasional weakness. The clinician observed and reported a focused lumbar examination reporting full range of motion to the lumbar spine. Motor strength was measured at 5/5 to the bilateral lower extremities. Sensation was normal to light touch and pinprick. The straight leg test was negative, as was the Gaenslen's test. The clinician's treatment plan was to continue Ultram ER 100 mg once per day, stop Gabapentin, continue Fenoprofen 400 mg twice per day, start Lyrica 75 mg twice per day, and start Tramadol 50 mg 4 times per day. The injured worker was also instructed to continue his home exercise plan. The requests were for Ultram ER tablet

100 mg #30 with 1 refill, Lyrica capsule 75 mg #60 with 1 refill, and Tramadol tablet 50 mg #120 with 1 refill. The rationales for these requests were for the treatment of lumbar disc with radiculitis, degeneration of lumbar discs, and low back pain. The Request for Authorization form was submitted on 08/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER tablet 100mg extended release #30 with 1 Refill: 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): 74-95.

Decision rationale: The request for Ultram ER tablet 100mg extended release #30 with 1refill is not medically necessary. The injured worker continued to complain of low back pain. The California MTUS Chronic Pain Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. The provided documentation did not indicate a baseline and a post-treatment pain assessment, or a change in activities of daily living post treatment. Additionally, the request did not indicate a frequency of dosing. Therefore, the request for Ultram ER tablet 100mg extended release #30 with 1 refill is not medically necessary.

Lyrica capsule 75mg# #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs), Page(s): 16-20.

Decision rationale: The request for Lyrica capsule 75mg #60 with 1 refill is not medically necessary. The injured worker continued to complain of low back pain with radiation. The California MTUS Chronic Pain Medical Treatment Guidelines do recommend antiepilepsy drugs for neuropathic pain. Lyrica, or Pregabalin, has been approved for diabetic neuropathy, postherpetic neuralgia, and fibromyalgia. The injured worker does not have any of the aforementioned diagnoses documented in the information provided for review. Additionally, the request does not indicate a frequency of dosing. Therefore, the request for Lyrica capsule 75mg #60 with 1 refill is not medically necessary.

Tramadol tablet 50mg #120 with 1 refill: 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): 74-95.

Decision rationale: The request for Tramadol tablet 50mg #120 with 1 refill is not medically necessary. The injured worker continued to complain of low back pain. The California MTUS Chronic Pain Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. The provided documentation did not indicate a baseline and a post-treatment pain assessment, or a change in activities of daily living post treatment. Additionally, the request did not indicate a frequency of dosing. Therefore, the request for Tramadol tablet 50mg #120 with 1 refill is not medically necessary.