

Case Number:	CM14-0147552		
Date Assigned:	09/15/2014	Date of Injury:	09/01/2009
Decision Date:	10/15/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/11/2014

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 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:

The patient is a 49-year-old female who has submitted a claim for joint pain - left leg and post laminectomy syndrome -lumbar associated with an industrial injury date of 09/01/2009. Medical records from 01/13/2014 to 08/04/2014 were reviewed and showed that patient complained of chronic low back pain radiating down left lower extremity. Physical examination revealed tenderness and spasm over lumbar paraspinous muscles and decreased ROM. Of note, there was no diagnosis of diabetic neuropathy or previous herpes viral infection. Treatment to date has included L5-S1 fusion (02/03/2012), 6 visits of physical therapy, Lyrica 100mg #90 with 4 refills (prescribed since 04/07/2014), Tramadol 50mg #180 with 4 refills (prescribed since 04/07/2014), Ketorolac 10mg #18 with 1 refill (07/01/2014), and massage therapy. Of note, the patient reported unquantified pain relief with pain medications. However, it is unclear as to which pain medication caused pain relief. Utilization review dated 08/25/2014 modified the request for Tramadol 50mg #120 with to refills to Tramadol 50mg #60 with no refill for the purpose of weaning. Utilization review dated 08/25/2014 modified the request for Lyrica 100mg #90 x 5 refills to Lyrica 100mg #60 for the purpose of tapering. Utilization review dated 08/25/2014 denied the request for Toradol 10mg #18 x 1 refill because the long-term use of Toradol was not supported by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #180 x 2 refills: 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): 78.

Decision rationale: According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient was prescribed Tramadol 50mg #180 with 4 refills since 04/07/2014. The patient reported unquantified pain relief with pain medications. However, it is unclear as to whether pain relief was derived from Norco or other pain medications. Moreover, there was no documentation of functional improvement. The guidelines do not recommend continuation of opiates treatment unless there is documentation of analgesia and improvement in ADLs. The request for 2 refills of Tramadol likewise is not in conjunction with guidelines requirement of ongoing opioid monitoring prior to continuation of treatment. Therefore, the request for Tramadol 50mg #180 x 2 refills is not medically necessary.

Lyrica 100mg #90 x 5 refills: Upheld

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

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

Decision rationale: According to pages 19-20 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Lyrica has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia. It has FDA approval for both indications, and is considered first-line treatment for both. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. In this case, the patient was prescribed Lyrica 100mg #90 with 4 refills since 04/07/2014 for neuropathic pain. The patient reported unquantified pain relief with pain medications. However, it is unclear as to whether pain relief was derived from Lyrica or other pain medications. There is no clear indication for Lyrica use at the time. Therefore, the request for Lyrica 100mg #90 x 5 refills is not medically necessary.

Ketrolac 10mg #18 x 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (nonsteroidal anti-inflammatory drugs) Page(s): 67-69, 72.

Decision rationale: As stated on California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Ketorolac is not indicated for minor or chronic painful conditions. In this case, the patient was prescribed Ketorolac 10mg #18 with 1 refill since 07/01/2014 for chronic low back pain. The patient reported unquantified pain relief with pain medications. However, it is unclear as to whether pain relief was derived from Ketorolac or other pain medications. Moreover, the guidelines do not recommend Ketorolac for chronic painful conditions. The long-term use of Ketorolac is not in conjunction with guidelines recommendation as well. Therefore, the request for Ketorolac 10mg #18 x 1 refill is not medically necessary.