

Case Number:	CM14-0162123		
Date Assigned:	10/10/2014	Date of Injury:	03/26/1999
Decision Date:	11/04/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/02/2014

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 Family Practice 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:

52 year old male claimant sustained a work injury involving the neck and low back. He was diagnosed with lumbar/cervical spondylosis and degenerative disc disease. He had a spinal cord stimulator place in March 2014. A progress note on 9/5/14 indicated the claimant had continued 7/10 back pain radiating to the legs. He had been on Morphine, Methadone and Lyrica for pain and neuropathic symptoms. Exam findings were notable for limited painful range of motion of the lumbar spine, positive straight leg raise bilaterally and abnormal sensation in the right L5 dermatome. The claimant was continued on the above medications and a lumbar transforaminal epidural injection was ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Lyrica 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica.

Decision rationale: According to the MTUS guidelines, Pregabalin (Lyrica) 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. In this case,

the claimant does not have the diagnoses above and there is insufficient evidence to show benefit of Lyrica for radicular symptoms. The continued use of Lyrica is not medically necessary.

1 bilateral lumbar transforaminal epidural (TFE) injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, TFE steroid injections are not recommended. Invasive techniques are of questionable merit. TFE Steroid Injections may provide short-term improvement for nerve root compression due to a herniated nucleus pulposis. The treatments do not provide any long-term functional benefit or reduce the need for surgery. The claimant did not have a nerve root compression due to a herniated nucleus pulposis. The request for a lumbar TFE injection is not medically necessary.