

Case Number:	CM14-0167923		
Date Assigned:	10/15/2014	Date of Injury:	03/28/2011
Decision Date:	11/18/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/13/2014

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 Occupational Medicine and is licensed to practice in Iowa. 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 35 year-old male with a date of injury of 3/28/2011. A review of the medical documentation indicates that the patient is undergoing treatment for low back and elbow pain. Subjective complaints (9/22/2014) include low back pain that radiates down both legs; left elbow pain; pain rated at 1/10 on medication; and diminished sleep. Objective findings (9/22/2014) include antalgic gait; restricted lumbar ROM; tenderness at the L5 spinous process, sacroiliac joint, and medial epicondyle; decreased lower extremity reflexes and strength; positive lumbar facet loading and left Tinel's sign. Diagnoses include lumbar facet syndrome, low back pain, and hand pain. The patient has undergone studies to include nerve conduction and EMG (8/2014) of left elbow which showed mild ulnar nerve neuropathy; lumbar X-rays (2011) which showed lumbar degenerative disc disease and spondylosis; lumbar spine MRI (2012) which showed L4-S1 disc narrowing and dissection. The patient has previously multiple surgeries to include left cubital tunnel release (2013) and radiofrequency neurotomy at level L3-5 (2013). A utilization review dated 9/8/2014 did not certify the request for Lyrica 25 mg #90 and Colace 100 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 25MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregablin (Lyrica) Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-epilepsy drugs (AEDs) for pain

Decision rationale: MTUS indicates that Pregabalin (generic name for Lyrica) is recommended as first-line treatment for diabetic neuropathy, postherpetic neuralgia, and fibromyalgia. ODG guidelines recommend first-line treatment for these indications as well. The patient is undergoing treatment for primarily low back and elbow pain. The treating physician does not provide any indication that the patient has diagnoses of diabetic neuropathy, postherpetic neuralgia, or fibromyalgia. There is no additional documentation to justify the prescription of these medications outside of the indicated recommendations. It appears that the indication for this medication is the aforementioned low back and elbow pain, however this is not a recommended first-line use for the medication. Therefore, the request for Lyrica 25 mg #90 is not medically necessary.

COLACE 100MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment UpToDate.com, Docusate

Decision rationale: Colace is the brand name for docusate. MTUS indicates that docusate is recommended as a stool softener to prevent constipation with concurrent opioid use. Opioids can commonly cause constipation and concurrent therapy can be indicated. ODG recommends first line treatment for constipation to include physical activity, appropriate hydration, and following a proper diet with sufficient fiber. ODG and UpToDate state that over the counter medications can help soften stools in patients who do not tolerate the first-line therapies. The medical documentation provided does not indicate this patient is currently on opioid therapy. The treating physician does state that the Colace is needed to help with the patient's constipation, but there is no explanation as to the cause of the constipation. There is also no discussion or documentation of failed first-line therapy to include hydration, diet, and fiber. Also, there is no detail on the description of the bowel movement difficulty, which is important to be able to evaluate successful therapy. Therefore, the request for Colace 100 mg #60 is not medically necessary at this time.