MAXIMUS Federal Services

Case Number:	CM14-0213734		
Date Assigned:	12/31/2014	Date of Injury:	03/28/2002
Decision Date:	03/05/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 74 year-old male with date of injury 03/28/2002. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/20/2014, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed tenderness to the paravertebral musculature bilaterally, right greater than left. Range of motion was restricted in all planes and caused pain at the extremes of ranges. Sensation was noted to be abnormal to the bilateral lower extremities, but no specifics were given. Diagnosis: 1. Sciatica 2. Insomnia 3. Idiopathic peripheral neuropathy. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months.Medication:1. Lyrica 200mg (3 month supply x1 year) SIG: TID2. Ibuprofen 600mg (3 month supply x1 year) SIG: QID3. Eszopiclone 3mg (3 month supply x1 year) SIG: QHS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 200 MG (3 Month Supply Times 1 Year): Upheld

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

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

Decision rationale: The MTUS states that Lyrica has FDA approval for painful diabetic neuropathy, postherpetic neuralgia, and fibromyalgia. The patient is not diagnosed with the above indications. In addition, a recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. Lyrica 200 MG (3 Month Supply Times 1 Year) is not medically necessary.

Ibuprofen 600 MG (3 Month Supply Times 1 Year): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Ibuprofen 600 MG (3 Month Supply Times 1 Year) is not medically necessary.

Eszopiclone 3 MG (3 Month Supply Times 1 Year): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia treatment.

Decision rationale: The Official Disability Guidelines do not recommend the long-term use of any class of sleep aid. The patient has been taking Lunesta longer than the maximum recommended time of 4 weeks. Eszopiclone 3 MG (3 Month Supply Times 1 Year) is not medically necessary.