

Case Number:	CM14-0215942		
Date Assigned:	01/06/2015	Date of Injury:	09/18/2007
Decision Date:	03/11/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/23/2014

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

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

This is a 39 year old female who sustained a work related injury on September 18, 2007. The mechanism of injury was a fall while walking down steps. She injured her left ankle and sustained injuries to the neck, low back, left hip and left knee. A progress report dated July 1, 2014 notes that the injured workers physical examination revealed tenderness to palpation over the paravertebral musculature, left side worse than the right, as well as over the lumbosacral junction, left sacroiliac joint and left gluteal muscle. Paraspinal muscle guarding was present with palpation and passive ranging. A straight leg raise and sacroiliac joint stress test were positive on the left side. Range of motion of the lumbar spine was decreased. Hypersensitivity to pinprick and light touch on the lateral aspect of the left lower leg and foot was noted. There was also pain to light touch in the left lower extremity, along the lumbar three distributions. Treatment has included a Cortisone injection to the left sacroiliac joint which was noted to be beneficial. Diagnoses include lumbar sprain/strain with left lower extremity radiculitis, lumbar disc bulges per computed tomography scan, left sacroiliac joint sprain and left lower extremity regional pain syndrome. Work status is permanent and stationary. The treating physician requested a prescription of Ultram 50 mg # 120 and Lyrica 50 mg samples # 60. Utilization Review evaluated and denied the requests on December 16, 2014 per the MTUS Chronic Pain Medical Treatment Guidelines. The request for Ultram was denied due to lack of documentation of decreased pain levels, increased function or improved quality of life in this injured worker as a result of the medication. Per the documentation weaning had been recommended on multiple previous reviews and therefore this request is non-certified. Lyrica is an anti-epileptic drug

indicated as a first line treatment for neuropathic pain. A trial period should be attempted and with evidence of functional improvement, continuation is warranted. Previous reviews have recommended the weaning of the medication Lyrica, in this injured worker. Therefore, the request is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: This patient presents with chronic low back pain and left lower extremity radiculitis. The current request is for ULTRAM 50MG #120. For chronic opioids, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's including analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient has been utilizing Ultram since 3/7/14. One report dated 11/3/14 states that the patient is able to put on shoes and jeans with the use of medications, but there is no further discussion of medications. There are no changes in the ADL's or change in work status to show significant functional improvement. There are no pain assessments or outcome measures as required by MTUS for opiate management. Urine drug screenings or Cures reports are not addressed and possible adverse side effects are not discussed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in MTUS for continued opiate use. The requested Ultram IS NOT medically necessary and recommendation is for slow weaning per MTUS.

Lyrica 50 MG #60 (Samples): Overturned

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

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

Decision rationale: This patient presents with chronic low back pain and left lower extremity radiculitis. The current request is for LYRICA 50MG #60 (SAMPLES). The MTUS guidelines pages 19-20 has the following regarding Pregabalin -Lyrica-, "Pregabalin (Lyrica, no generic available) 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 June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia." The patient has been utilizing Lyrica since 2/3/14. Given the patient's radicular symptoms and the treating physician's documentation that medications decrease lower extremity hypersensitivity so that "she can wear shoes and jeans, and perform activities of daily living," the requested Lyrica IS medically necessary.