

<b>Case Number:</b>	CM14-0085938		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/05/1999
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 47 year old male, who sustained an industrial injury on February 5, 1999. The injured worker was diagnosed as having lumbar post laminectomy syndrome, cervical intervertebral disc degeneration, knee pain and chronic pain. Treatment and diagnostic studies to date have included lumbar surgery, medication and exercise. A progress note dated April 16, 2014 provides the injured worker complains of neck and back pain. He rates his back pain 6/10 with medication and 9/10 without medication and worsening. His neck pain is 3/10 with medication and 7/10 without medication. Physical exam notes a normal gait, cervical tenderness with numerous tender trigger points, and lumbar tenderness. The plan includes continued medication and independent activity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 150mg #60 with 5 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Antiepilepsy drugs (AEDs), p18-19 (2) Medications for chronic pain, p60.

**Decision rationale:** The claimant sustained a work-related injury in February 1999 and continues to be treated for chronic neck and low back pain. When seen, medications are referenced as decreasing pain from 7/10 to 1/10. Symptoms included low back pain with bilateral lower extremity radiating symptoms. Tramadol was prescribed at a total MED (morphine equivalent dose) of 30 mg per day. Antiepilepsy drugs such as Lyrica are recommended for neuropathic pain. Initial dosing of Lyrica is 50 mg three times per day with a maximum dose of up to 600 mg per day. In this case, the requested dosing is consistent with guidelines recommendations and therefore is medically necessary.

**Tramadol 50mg #90 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

**Decision rationale:** The claimant sustained a work-related injury in February 1999 and continues to be treated for chronic neck and low back pain. When seen, medications are referenced as decreasing pain from 7/10 to 1/10. Symptoms included low back pain with bilateral lower extremity radiating symptoms. Tramadol was prescribed at a total MED (morphine equivalent dose) of 30 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is an immediate release medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and providing significant pain relief. There are no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of tramadol is medically necessary.