

Case Number:	CM15-0015833		
Date Assigned:	02/03/2015	Date of Injury:	04/22/2008
Decision Date:	06/11/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/27/2015

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:

The injured worker is a 56 year old female, who sustained an industrial injury on 4/22/08. The mechanism of injury was not stated. The diagnoses have included chronic pain syndrome, myalgia and myositis, postlaminectomy syndrome and chronic pain due to trauma. Treatment to date has included medications, diagnostics, surgery, spinal cord stimulator and psychiatry. Surgery has included laminectomy dated 11/22/12 and spinal cord stimulator implant. The patient presented on 12/01/2014 for a follow-up evaluation with complaints of chronic pain in the lower back which is constant and described as aching, burning, cramping, shooting, stabbing and throbbing. The pain radiates to the left lower extremity. Pain was rated 6/10 and it was aggravated by movement and improved with cold and medications. The patient currently utilizes a cane for ambulation assistance. The injured worker was status post caudal and lumbar epidural injection. The injured worker also had a lumbar laminectomy on 11/22/2012. The physician noted a previous spinal cord stimulator trial had ended with an infection. The current medication regimen includes ibuprofen, hydrocodone 7.5/325 mg, Ambien, Lyrica, venlafaxine, and Lidoderm 5% patch. There was no comprehensive physical examination provided. The injured worker continued to improve with the current medication regimen and remained as functional as possible. The provider recommended a continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75 mg capsule, 28 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: California MTUS Guidelines recommend antiepilepsy drugs for neuropathic pain. In this case, it is noted that the injured worker has continuously utilized Lyrica 150 mg since at least 10/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

Venlafaxine 75 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13, 15 - 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123.

Decision rationale: California MTUS Guidelines state Effexor is recommended as an option and first line treatment for neuropathic pain. It has FDA approval for treatment of depression and anxiety disorders. In this case, it is noted that the injured worker has continuously utilized Effexor for an unknown duration. There is no mention of functional improvement. In addition, there is no frequency listed in the request. As such, the request is not medically necessary.

Lidoderm 5% (700 mg/patch), sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105 and 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state lidocaine is indicated for neuropathic pain or localized peripheral pain after there is evidence of a trial of first line therapy with antidepressants or anticonvulsants. In this case, there was no documentation of a failure of first line oral medication prior to the initiation of topical lidocaine. There was also no frequency listed in the request. As such, the request is not medically necessary.

Lyrica 150 mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: California MTUS Guidelines recommend antiepilepsy drugs for neuropathic pain. In this case, it is noted that the injured worker has continuously utilized Lyrica 150 mg since at least 10/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.