

Case Number:	CM15-0017419		
Date Assigned:	02/06/2015	Date of Injury:	10/17/2008
Decision Date:	04/14/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	01/29/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 43 year old female, who sustained an industrial injury on October 17, 2008. She reported mid back pain. The injured worker was diagnosed as having obesity, fibromyositis, reactive depression, degeneration of lumbar intervertebral disc, neurogenic bladder and drug induced constipation. Treatment to date has included radiographic imaging, diagnostic studies, conservative treatment modalities, psychotherapy, pain medications and work restrictions. Currently, the injured worker complains of mid back pain, urinary incontinence and situational depression. The injured worker reported an industrial injury in 2008, resulting in chronic back pain, emotional stress and a neurogenic bladder. Evaluation on November 7, 2014, revealed continued pain. She reported the current medications provided some benefit however; she rated her constant pain at a 7 on a 1-10 scale. She has reported chronic pain and requires the use of medications daily. She suffers from constipation and increasing nocturnal enuresis. She reported depression and anxiety secondary to the chronic pain. The recommendation was to renew and adjust the medications to decrease urinary incontinence, pain and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: According to MTUS guidelines, "Lyrica is an anti-epilepsy drug (AEDs - also referred to as anti-convulsant), which has been shown to be effective for treatment of diabetic; painful neuropathy and post-therapeutic neuralgia; and has been considered as a first-line treatment for neuropathic pain." There is no clear documentation of neuropathic pain in this patient that responded to previous use of Lyrica. There is no clear proven efficacy of Lyrica for back pain. Therefore, Lyrica is not medically necessary.

Vesicare: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Overactive Bladder Treatment & Management. Medscape. <http://emedicine.medscape.com/article/459340-treatment#showall>.

Decision rationale: Vesicare is an anti-cholinergic drug used for the treatment of overactive bladder disorder. There is no documentation that the patient is suffering from overactive bladder. Therefore, the request is not medically necessary.