

Case Number:	CM15-0146586		
Date Assigned:	09/03/2015	Date of Injury:	04/17/1995
Decision Date:	10/15/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/28/2015

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, Hawaii

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 43 year old male, who sustained an industrial injury on 4-17-95. He reported a low back injury following a motor vehicle accident. The injured worker was diagnosed as having lumbar disc bulges, spondylolisthesis, lumbar disc disease, lumbar stenosis, status post lumbar microdiscectomy L5-S1, lumbar radiculitis, lumbar facet arthropathy, lumbar facet pain and sacroiliac joint pain. Treatment to date has included transforaminal steroid injection, oral medications including Norco 10-325mg, Celebrex 200mg, Lyrica 75mg and Ambien 10mg; lumbar surgery, physical therapy and activity modifications. (MRI) magnetic resonance imaging of lumbar spine performed on 12-17-14 revealed L5-S1 listhesis contributing to advanced disc disease and L4-5 mild to moderate lateral recess narrowing with effacement of transiting L5 nerve roots. The most recent (EMG) Electromyogram studies were read as normal. Currently on 6-23-15, the injured worker complains of lumbosacral pain with radiation to left lower extremity rate 7 out of 10. The injured worker noted 75% reduction in pain following epidural steroid injection. Work status is noted to be "return to work". Physical exam performed on 6-23-15 revealed a well healed surgical scar, restricted range of motion of lumbar spine, tenderness over the lateral aspect of the right iliac crest, bilateral L4-5 and L5-S1 facet joint tenderness and bilateral sacroiliac joint tenderness. The treatment plan included prescriptions for Norco 10-325mg, Celebrex 200mg, Lyrica 75mg, Ambien 10mg and surgical consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: The patient presents with moderate to severe lumbosacral spine pain radiating into the left lower extremity. The current request is for Lyrica 75mg #60. The treating physician's report dated 06/23/2015 (20B) states, "reports no adverse effects on medication management. There are no aberrant medication behaviors". The MTUS Guidelines page 19 and 20 on Lyrica states "Has been documented to be effective for the treatment of diabetic neuropathy and post-herpetic neuralgia. This medication also has an anti-anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder". MTUS page 60 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. Medical records show that the patient was prescribed Lyrica prior to 05/12/2015. None of the reports document medication efficacy as it relates to the use of Lyrica. Given the lack of functional improvement while utilizing this medication, the current request is not medically necessary.

Ambien 10mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress Chapter, Zolpidem.

Decision rationale: The patient presents with moderate to severe lumbosacral spine pain radiating into the left lower extremity. The current request is for Ambien 10mg #60. The treating physician's report dated 06/23/2015 (20B) states, "reports no adverse effects on medication management. There are no aberrant medication behaviors". The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines under the Mental Illness and Stress Chapter on zolpidem states "Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset 7-10 days". Medical records show that the patient was prescribed Ambien prior to 05/12/2015. In this case, the long-term use of Ambien is not supported by the guidelines. The current request is not medically necessary.