

Case Number:	CM15-0174515		
Date Assigned:	09/16/2015	Date of Injury:	03/05/2015
Decision Date:	10/22/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/04/2015

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: Family Practice

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 46 year old male, who sustained an industrial injury on 03-05-2015. The injured worker is noted as being off work per 05-12-2015 progress report. Medical records indicated that the injured worker is undergoing treatment for multilevel degenerative disk disease. Treatment and diagnostics to date has included thoracic spine MRI, lumbar spine MRI, and medications. Medications have included Naprosyn, Fexmid, Ultram, and topical medications. In a progress note dated 07-14-2015, the injured worker had returned regarding his thoracolumbar spine. The physician noted that "review of the thoracic MRI study from 07-10-2015 shows that there is a right sided paracentral protrusion at the T8-9 level. The 12-L1 level shows a right sided disk protrusion as well. The lumbar spine MRI shows severe central canal stenosis at the L4-5 level as well as narrowing at the L5-S1 level with multilevel degenerative disk disease. Objective findings included "right sided paraspinous lumbar tenderness with palpation", "motor and sensory examination is grossly intact", and "straight-leg raising test reveals tightness with no significant radicular findings". The Utilization Review with a decision date of 08-24-2015 denied the request for Lyrica 50mg #30 and Mobic 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: According to the MTUS guidelines, Antiepilepsy drugs (AEDs) are recommended for chronic neuropathic pain. Lyrica is considered first line in the treatment of chronic neuropathic pain. However, in this case the objective physical examination findings do not support evidence of radiculopathy to support the requested medication. The request for Lyrica 50 mg #30 is not medically necessary and appropriate.

Mobic 7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In this case, the medical records indicate that the injured worker has been prescribed non-steroidal anti-inflammatory medications for an extended period of time, and there is no evidence of improvement in pain or function to support the continued use of anti-inflammatory medications. The long term use of NSAIDs is associated with increased cardiovascular and gastrointestinal events. The request for Mobic 7.5 mg #60 is not medically necessary and appropriate.