

Case Number:	CM15-0176595		
Date Assigned:	09/17/2015	Date of Injury:	08/03/2008
Decision Date:	10/21/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/08/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 50 year old female who sustained an industrial injury on 8-3-08. A review of the medical records indicates she is undergoing treatment for gastroesophageal reflux disease, irritable bowel syndrome, hypertension with left atrial enlargement, sleep disorder - rule out obstructive sleep apnea, weight gain, cervical radiculopathy, lumbar degenerative disc disease, cervical degenerative disc disease, and joint pain - shoulder. Medical records (4-20-15 to 8-19-15) indicate ongoing complaints of back and neck pain, with periodic complaints of left shoulder and arm pain. She has rated the pain 7-8 out of 10 (6-18-15 and 4-20-15). She describes the pain as "aching, annoying, burning, constant, numb, radiating, and shooting" (6-18-15). The physical exam indicates "palpable twitch positive trigger points are noted in the muscles of the head and neck". Pain is noted with extension of the cervical spine, as well as left and right lateral rotation. In the lumbar spine, pain was noted on palpation of the lumbar facet on both sides at L3-S1. Anterior lumbar flexion causes pain (8-13-15). Straight leg raise is positive on the left and negative on the right (6-18-15). Diagnostic studies have included urine toxicology drug screening. No other diagnostic studies are noted in the medical records. Treatment has included a spinal cord stimulator and oral medications. She is currently not working. Her medications include Cymbalta 20mg every morning, Cymbalta 60mg every evening, Tramadol 50mg, 1-2 capsules twice daily, Lyrica 100mg twice daily, Hydrochlorothiazide 12.5mg daily, Nexium 40mg daily, Gemfibrozil 600mg twice daily, Probiotics twice daily, Aspirin 81mg every evening, Diovan 160mg daily, Nitrolingual spray as needed for chest pain, Sentra AM, and

Sentra PM. The utilization review (8-25-15) indicates requests for authorization including Tramadol 50mg, #75, and Lyrica 100mg, #60 with 3 refills. The Tramadol request was modified to a quantity of 60 to allow for weaning. Lyrica was denied, indicating that the injured worker "should already have been completely weaned from this medication" based on prior review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #75: 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): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg #75 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical radiculopathy; degenerative disc disease lumbar; degenerative disc disease cervical; and shoulder joint pain. Date of injury is August 3, 2008. Request for authorization is dated August 19, 2015. According to a progress note dated May 20, 2015, tramadol 50 mg was started. According to a progress note dated June 18, 2015, Lyrica 100 mg was started. Additional medications include Cymbalta and Lidoderm patch. According to the most recent progress note dated August 13, 2015, subjective complaints include neck pain, back pain and arm pain. There were no pain scores documented in the medical record. There was no subjective evidence of radiculopathy. Objectively, there are trigger points noted in the cervical paraspinal muscle groups. The lumbar paraspinal muscle groups were tender to palpation. There was pain with range of motion in both the cervical and lumbar regions. There was no neurologic evaluation/examination in the medical record. The injured worker has a spinal cord stimulator. There is no documentation demonstrating objective functional improvement to support ongoing tramadol 50 mg. Tramadol was modified (according to a previous utilization review) pending objective functional improvement documentation. There are no detailed pain assessments or risk assessments in the record. Based on the clinical information in the medical record; peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no detailed pain assessments or risk assessments and no subjective pain scores in the record, Tramadol 50 mg #75 is not medically necessary.

Lyrica 100mg #60 with 3 refills: 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): Pregabalin (Lyrica). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Lyrica.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Lyrica 100 mg #60 with three refills is not medically necessary. Lyrica is recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain. Lyrica is an AED effective in diabetic neuropathy and postherpetic neuralgia. Lyrica is associated with a modest increase in the number of patients experiencing meaningful pain reduction. In this case, the injured worker's working diagnoses are cervical radiculopathy; degenerative disc disease lumbar; degenerative disc disease cervical; and shoulder joint pain. Date of injury is August 3, 2008. Request for authorization is dated August 19, 2015. According to a progress note dated May 20, 2015, tramadol 50 mg was started. According to a progress note dated June 18, 2015, Lyrica 100 mg was started. Additional medications include Cymbalta and Lidoderm patch. According to the most recent progress note dated August 13, 2015, subjective complaints include neck pain, back pain and arm pain. There were no pain scores documented in the medical record. There was no subjective evidence of radiculopathy. Objectively, there are trigger points noted in the cervical paraspinal muscle groups. The lumbar paraspinal muscle groups were tender to palpation. There was pain with range of motion in both the cervical and lumbar regions. There was no neurologic evaluation/examination in the medical record. The injured worker has a spinal cord stimulator. The documentation did not demonstrate objective functional improvement to support ongoing Lyrica. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no documented pain scores and continued requests for Lyrica with three refills (a four-month supply), Lyrica 100 mg #60 with three refills is not medically necessary.