

Case Number:	CM15-0068881		
Date Assigned:	04/16/2015	Date of Injury:	07/02/2013
Decision Date:	05/22/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/10/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 45-year-old female, who sustained an industrial injury on 7/2/13. The injured worker was diagnosed as having lumbosacral disc injury, lumbosacral radiculopathy and lumbosacral sprain/strain injury. Treatment to date has included L4-5 interbody fusion, oral medications including opioids, physical therapy and home exercise program. The IW reported that previous treatment with Mobic and gabapentin medications was non beneficial. Currently, the injured worker complains of continuing back pain and discomfort, with increased pain and discomfort of legs. Physical exam revealed lumbar spine lumbosacral tenderness to palpation with pain full range of motion, range of motion is decreased in all directions. The straight leg raising test was positive. The treatment plan included continuation of oral medications Lyrica, Norco, Flexeril and Skelaxin, aqua therapy and continuation of home exercise program. The UDS on 3/26/2015 was reported as consistent with the hydrocodone utilization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-92, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anticonvulsants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsants medications can be utilized for the treatment of neuropathic pain and chronic pain syndrome. The records indicate that the patient failed treatment with gabapentin and NSAIDs. The patient reported beneficial effects with utilization of Lyrica. There is documentation of compliance and functional restoration without adverse effect. The criteria for the use of Lyrica 150mg #60 was met.

Hydrocodone 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-92, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedative medications. The records did not show the guidelines required compliance monitoring of UDS, absence of aberrant behavior, CURES data profiles or functional restoration. The criteria for the chronic treatment with Norco 10/325mg #90 was not met

Amrix 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-92, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short treatment of exacerbation of musculoskeletal pain when treatments with NSAID and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with sedative medications. The records indicate that the patient utilization of muscle relaxants had exceeded the guidelines recommended maximum of 4 to 6 weeks. The patient is utilizing opioids and sedative medications concurrently. The criteria for the use of Amrix 15mg #30 was not met.