

Case Number:	CM15-0079650		
Date Assigned:	04/30/2015	Date of Injury:	12/02/2009
Decision Date:	06/03/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/27/2015

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: Physical Medicine & Rehabilitation, Pain Management, Occupational 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 55 year old female, who sustained an industrial injury on 12/2/09. The injured worker has complaints of low back pain and left hip pain radiating down to toes to left foot. The diagnoses have included chronic pain syndrome; lumbar disc displacement and low back pain. Treatment to date has included vicodin; neurontin; physical therapy; revision posterior lumbar interbody fusion at L4-S1 (sacroiliac) on 9/2/14 and X-rays. The request was for vicodin 10/300 mg quantity 180 (1-2 tabs 3 times daily, max 6 tabs every day) and lyrica 50 mg quantity 90 (1-3 tabs by mouth every night).

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 10/300 mg Qty 180 (1-2 tabs 3 times daily, max 6 tabs every day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: MTUS 2009 states that opioids used to treat chronic non-cancer pain should result in functional improvement. The patient is considered totally disabled by the primary treating physician. If pain is a barrier to function and the analgesic is effective, then the patient should demonstrate meaningful functional improvement. Based upon the lack of functional improvement attributable to the use of Norco, this request for 180 tablets of Norco is denied. Therefore, the requested treatment is not medically necessary.

Lyrica 50 mg Qty 90 (1-3 tabs by mouth every night): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); Pregabalin Page(s): 16-17; 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

Decision rationale: MTUS 2009 states that pregabalin is only indicated for post-herpetic neuralgia and painful diabetic neuropathy. There is no evidence of a peripheral neuropathy. Lyrica can also be used to treat fibromyalgia. The patient is not diagnosed with fibromyalgia. There are no indications for Lyrica in this patient. Therefore, this request for Lyrica is denied. Therefore, the requested treatment is not medically necessary.