

Case Number:	CM13-0014345		
Date Assigned:	01/29/2014	Date of Injury:	08/11/2005
Decision Date:	04/15/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/20/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60-year-old female with a date of injury of August 11, 2005. The injured worker's diagnoses include left leg complex regional pain syndrome, right ankle and foot strain, and history of non-displaced fracture of the left knee. The disputed issues of this case are request for Lyrica and a proton pump inhibitor, which were denied by a utilization review determination based upon a lack of documentation of functional benefit. In a progress note on date of service August 16, 2013 there is documentation that when the patient uses Lyrica, her left lower leg pain decreases by 50% and it "settles the nerves." When she experiences this pain relief she is more active with household chores such as "cooking and cleaning." With regard to the Prilosec, the requesting healthcare provider specifies that it helps to "settle the stomach." The injured worker has an upset stomach approximately twice a week where she experiences discomfort in the abdomen with burning superiorly into the chest. She is utilizing aspirin 325 mg 2 tablets once a day for pain. She had previously tried Celebrex but stop this when it was denied by her insurance.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF PRILOSEC 20MG, #30 WITH ONE REFILL: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68-69.

Decision rationale: The Chronic Pain Medical Treatment Medical Guidelines on page 68-69 states the following regarding the usage of proton pump inhibitors (PPI): "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. Recommendations Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 Åµg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007)" In a progress note on date of service August 16, 2013 there is documentation that the injured worker has gastrointestinal risk factors such as the use of aspirin. She had previously tried Celebrex but stop this when it was denied by her insurance reportedly. Whether the injured worker continues to use aspirin for pain relief is beyond the scope of discussion of this independent medical review. As per the guidelines, when a patient is on aspirin, a proton pump inhibitor may be warranted. She is utilizing aspirin 325 mg 2 tablets once a day for pain. With regard to the benefit of Prilosec, the requesting healthcare provider specifies that it helps to "settle the stomach." The injured worker has an upset stomach approximately twice a week where she experiences discomfort in the abdomen with burning superiorly into the chest. Thus, there is clear documentation suggestive of dyspepsia and gastroesophageal reflux disease due to aspirin usage and therefore, the request for Prilosec 20mg, #30 with one refill is medically necessary and appropriate.

PRESCRIPTION OF LYRICA 25MG, #60 WITH ONE REFILL: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 19-20.

Decision rationale: The Chronic Pain Medical Treatment Medical Guidelines allow for the use of antiepileptic drugs for neuropathic pain states. Although they are not well studied for complex regional pain syndrome, the underlying etiology of this disorder is believed to be due to neuropathic pain from both peripheral and central over sensitization. Thus antiepileptic drugs

such as Lyrica are an appropriate treatment for this. The requesting healthcare provider has addressed issues regarding analgesic efficacy and functional benefit. a progress note on date of service August 16, 2013 there is documentation that when the patient uses Lyrica, her left lower leg pain decreases by 50% and it "settles the nerves." When she experiences this pain relief she is more active with household chores such as "cooking and cleaning." Therefore, the request of Lyrica 25mg, #60 with one refill is medically necessary and appropriate.