

Case Number:	CM13-0014435		
Date Assigned:	10/03/2013	Date of Injury:	10/19/2000
Decision Date:	02/04/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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:

In a utilization review report of July 22, 2013, the claims administrator certified a request for Nucynta, certified a request for tramadol, denied a request for Relafen, denied a request for Lyrica, and denied a request for Nexium. The applicant's attorney later appealed, on August 19, 2013. A later note of September 4, 2013 is notable for comments that the applicant is unable to work. The applicant is on Social Security Disability. The patient is nevertheless participating in a gym exercise program and reports 6-10/10 multifocal pain. The patient is on tramadol 200 mg on a p.r.n. basis. The patient is using Nexium to offset dyspepsia associated with medication usage. The patient states that Lyrica is helpful for neuropathic pain. Limited range of motion is noted about multiple body parts. The applicant is given refills of numerous psychotropic medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 50mg, quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs could/should be stopped in those applicants who develop dyspepsia secondary to NSAID therapy. In this case, the applicant is in fact having ongoing issues with dyspepsia. Since the applicant is using numerous other analgesic and adjuvant medications, it is uncertain how much additional benefit is being conferred with Relafen, particularly since the dyspepsia issue persists. The request for 1 prescription of Relafen 50mg, quantity 60, is not medically necessary and appropriate.

Lyrica 75mg, quantity 90: Overturned

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

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

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, Lyrica or pregabalin is considered a first-line medication for neuropathic pain. In this case, the attending provider has suggested that the applicant has derived some functional improvement in terms of performance of non-work activities of daily living and reported some benefit in terms of diminished neuropathic pain/burning pain through ongoing usage of Lyrica. The request for Lyrica 75mg, quantity 90, is medically necessary and appropriate.

Nexium 40mg, quantity 30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, introduction of proton pump inhibitors such as Nexium is an appropriate option in the treatment of NSAID-induced dyspepsia. In this case, the applicant is, in fact, having ongoing issues with dyspepsia for which usage of Nexium is indicated. The request for Nexium 40mg, quantity 30, is medically necessary and appropriate.