

Case Number:	CM13-0017153		
Date Assigned:	10/11/2013	Date of Injury:	10/31/2002
Decision Date:	01/17/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/27/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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:

The patient is a 67-year-old female who reported a work related injury on 10/31/2002. The patient's diagnoses are listed as right total knee arthroplasty with pain in patellar region, left knee degenerative disease, right shoulder subacromial bursitis, right shoulder impingement, right hand base of thumb CMC pain and arthralgia, and right hip trochanteric bursitis symptoms. The patient's medications include Naprosyn, Omeprazole, Lyrica, and Actonel. The patient was noted to have failed multiple forms of conservative management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

Decision rationale: The clinical note dated 07/19/2013 stated the patient presented for follow-up regarding her bilateral knee, right shoulder, right hand and wrist, and right hip complaints. She rated her pain as a 7/10 on the pain scale. The patient reported she had been cleared for surgery for left knee total knee arthroplasty. Her medications included Naprosyn 550 mg, Omeprazole,

Lyrica, and Actonel. The patient stated these medications helped decrease her pain and increase her function, and she denied any side effects. Exam findings for the right knee included range of motion at 0 degrees to 120 degrees with some minimal anterior instability/tibial translation of the right total knee, but no gross instability. Strength was reported as 4+/5 quad strength and 4+/5 hamstring strength with 2+ popliteal pulses. Exam of the left knee stated range of motion was 0 degrees to 100 degrees with tricompartmental crepitus with motion. A positive McMurray's testing caused medial and lateral joint line pain. Strength was noted as 4+/5 quad strength and 4+/5 hamstring strength. Right shoulder exam revealed positive tenderness over the AC joint and a negative Speed's test. Also noted were positive O'Brien's and impingement tests. Strength was reported as 4/5 in all motion of the right shoulder. Exam of the right hand and wrist revealed tenderness to palpation over base of right thumb with positive CMC grind test. Right hip examination revealed positive tenderness over the trochanteric bursa and no instability was noted. The patient's gait was antalgic and she used a cane. The report noted that left knee total arthroplasty had been authorized and the patient had been cleared by her podiatrist. She was to continue home health care and was prescribed the following medications: Omeprazole 20 mg 1 tab twice a day, naproxen 550 mg twice a day, Lyrica 75 mg, and Actonel 35 mg. California Medical Treatment Guidelines indicate naproxen is a nonsteroidal anti-inflammatory drug for the relief of the signs and symptoms of osteoarthritis. Naproxen is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long term effectiveness for pain or function. There is a lack of documentation noting the length of time the patient has taken the medication naproxen. In addition, naproxen has specific recommendations for osteoarthritis. The patient was not noted to have a diagnosis of osteoarthritis in the submitted documentation. As such, the request for 1 prescription of Naproxen 550mg #60 with 2 refills is non-certified

Lyrica 75mg #60 with 2 refills: Upheld

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

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

Decision rationale: California Medical Treatment Guidelines indicate that Lyrica has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia, and has FDA approval for both indications. It has also been approved for the treatment for fibromyalgia. Per the documentation submitted for review, there is no clear indication that the patient has current neuropathic pain or fibromyalgia for which Lyrica would be indicated. Therefore, the request for 1 prescription of Lyrica 75mg #60 with 2 refills is non-certified.