

Case Number:	CM13-0018964		
Date Assigned:	11/20/2013	Date of Injury:	07/15/2004
Decision Date:	01/27/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/03/2013

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 Internal Medicine, and is licensed to practice in New York. 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 claimant is a 51 yo female who sustained work related injuries to bilateral elbows and right shoulder due to repetitive work of planting seeds and working with samples on 07/15/2004. She has diagnoses of neck , shoulder pain, myalgia, neuritis and radiculitis. Treatment to date has included carpal tunnel release of both sides, left cubital tunnel release, right long finger flexor tenosynovectomy, and ulnar nerve transposition. On exam she has neck pain which radiates to both arms. She is maintained on medical therapy and has been recommended to undergo cervical epidural steroid injections. The treating provider has requested Vicodin 5/500 # 60 x 2 and Lyrica 75mg #120 x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin (hydrocodone/acetaminophen) 5/500mg #60 x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 91-97.

Decision rationale: The documentation indicates the enrollee has been treated with opioid therapy with Vicod 5/500. Per California MTUS Guidelines, short-acting opioids are seen as an

effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that she has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the continued use of short acting opioid medications. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of her chronic pain syndrome. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

Lyrica 75mg #120 x 2: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009
Page(s): 15,20.

Decision rationale: The recommended medication, Lyrica is medically necessary for the treatment of the patient's condition. Per the documentation he has neuropathic pain related to her chronic neck condition. The medication is part of his medical regimen and per California MTUS Guidelines 2009 antiepilepsy medications are a first line treatment for neuropathic pain. Lyrica is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of neuropathic pain. The patient has reported a reduction in her pain with the medical therapy which would be defined as a 50% reduction which would represent a "good " response. Medical necessity has been documented and the requested treatment is medically necessary for treatment of the patient's chronic pain condition.