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| Case Number: | CM13-0020605 | | |
| Date Assigned: | 10/11/2013 | Date of Injury: | 08/18/2005 |
| Decision Date: | 10/17/2014 | UR Denial Date: | 08/27/2013 |
| Priority: | Standard | Application Received: | 09/05/2013 |

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 Internal Medicine has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 65 year old female with date of injury 08/18/2005. The mechanism of injury is not stated in the available medical records. The patient has complained of shoulder, neck and arm pain since the date of injury. She has been treated with physical therapy and medications. Plain films of the bilateral hands obtained 02/2013 revealed mild arthritic changes at the first metacarpalphalangeal joints bilaterally as well as several proximal interphalangeal and distal interphalangeal joints bilaterally. Objective: axial spine tenderness with palpation. Diagnoses: chronic pain syndrome, right shoulder impingement, multilevel cervical spondylosis with neuroforaminal stenosis. Treatment plan and request: Nexium, Zantac, Reglan, Lyrica, Soma, Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NEXIUM 40MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASULAR RISK,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk, Page(s): 67-68..

Decision rationale: This 65 year old female has complained of shoulder, neck and arm pain since date of injury 8/18/2005. She has been treated with physical therapy and medications to include nexium since at least 07/2013. Per the MTUS guideline cited above, there are no medical reports which adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Nexium is not indicated as medically necessary in this patient.

PRESCRIPTION OF ZANTAC 150MG, #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.drugs.com/zantac

Decision rationale: This 65 year old female has complained of shoulder, neck and arm pain since date of injury 8/18/2005. She has been treated with physical therapy and medications to include zantac since at least 07/2013. Zantac is a medication used to treat symptoms of heartburn and gastroesophageal reflux related disease. There is no documentation in the available medical records of medical rationale regarding the necessity of use of this medication. On the basis of the above cited medical treatment guideline and the available provider documentation, Zantac is not indicated as medically necessary in this patient.

PRESCRIPTION OF REGLAN 10MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASULAR RISK,.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.drugs.com/reglan.

Decision rationale: This 65 year old female has complained of shoulder, neck and arm pain since date of injury 8/18/2005. She has been treated with physical therapy and medications to include reglan since at least 07/2013. Reglan is a secondary medication used to treat symptoms of heartburn and gastroesophageal reflux related disease in patients who have not responded to first line agents. There is no documentation in the available medical records of medical rationale regarding the necessity of use of this medication. On the basis of the above cited medical treatment guideline and the available provider documentation, Reglan is not indicated as medically necessary in this patient.

PRESCRIPTION OF LYRICA 75MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS (AEDS),.

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

Decision rationale: This 65 year old female has complained of shoulder, neck and arm pain since date of injury 8/18/2005. She has been treated with physical therapy and medications to include Lyrica since at least 07/2013. Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. There is no documentation in the available medical records of any of these conditions nor is there a discussion of the rationale regarding use of this medication. On the basis of the MTUS guideline cited above and the available medical documentation, Lyrica is not indicated as medically necessary in this patient.

PRESCRIPTION OF SOMA 350MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

Decision rationale: The 65 year old female has complained of shoulder, neck and arm pain since date of injury 8/18/2005. She has been treated with physical therapy and medications to include Soma since at least 07/2013. Per the MTUS guideline cited above, Soma is not recommended, and if used, should be used only on a short term basis (4 weeks or less). Use of Soma in this patient has exceeded the recommended time period for use. On the basis of the MTUS guideline cited above, Soma is not indicated as medically necessary.

PRESCRIPTION OF LIDODERM PATCH #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Page(s): 111..

Decision rationale: This 65 year old female has complained of shoulder, neck and arm pain since date of injury 8/18/2005. She has been treated with physical therapy and medications to include lidoderm patch since at least 07/2013. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the

available medical records. On the basis of the MTUS guidelines cited above, the Lidoderm patch is not indicated as medically necessary.

PRESCRIPTION OF CELEBREX 200MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASULAR RISK,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Page(s): 67.

Decision rationale: The 65 year old female has complained of shoulder, neck and arm pain since date of injury 8/18/2005. She has been treated with physical therapy and medications to include Celebrex since at least 07/2013. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose and for a short (2-4 week) duration for the treatment of osteoarthritis. Additionally, there has been no proven long term effectiveness for the treatment of pain secondary to osteoarthritis. The current request is for continuation of treatment far exceeding the recommended treatment period for this medication and the request is also not based on the lowest dose possible. On the basis of the MTUS guidelines, Celebrex, 200 mg, is not indicated as medically necessary.