

Case Number:	CM13-0021330		
Date Assigned:	10/11/2013	Date of Injury:	03/17/2010
Decision Date:	02/04/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/09/2013

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 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 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with a date of injury of 3/17/10. A utilization review determination dated 8/16/13 recommends certification of Lyrica 50 mg #90 and non-certification of Flector patch. Pristiq 50 mg #30 with 3 refills was modified to Pristiq 50 mg #30 with 0 refills. A progress report dated 9/9/13 identifies subjective complaints including, "neck pain radiating from neck down right arm. Pain level has increased since last visit. He states that his Nucynta was not authorized and he would like to see if he can have some Percocet that he will pay for out of pocket." Current medications include Flector patch, Nucynta, Lyrica, Flexeril, and Pristiq. Objective examination findings identify, "cervical spine range of motion is restricted, hypertonicity spasm and tenderness is noted on both the sides". Spurling's maneuver causes pain in the muscles of the neck but no radicular symptoms. Thoracic spine on examination of paravertebral muscles, hypertonicity, spasm and tenderness is noted on both the sides. Lumbar spine range of motion is restricted with extension limited to 10° limited by pain but normal flexion. On top patient, paravertebral muscles, hypertonicity, spasm and tenderness is noted on both the sides. Gaenslen's was negative. Lumbar facet loading is positive on both the sides. Straight leg raising test is positive on the right side. FABER test is positive. Patellar jerk is 1/4 on both the sides. Trigger point with radiating pain and twitch response on palpation at trapezius muscle right and left. Motor strength of the grip is 4/5 on right, finger extensors 4/5 on right, elbow flexors 4/5 on right, supination 5-/5 on right, pronation 5-/5 on right, shoulder abduction 5-/5 on right, EHL 4/5 on right, ankle dorsiflexors 4/5 on right, ankle plantar flexors 4/5 on right, knee extensors 3/5 on right and 3/5 on left, knee flexors 3/5 on right and 3/5 on left. Light touch sensation is decreased over index finger on the left side and patchy and

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Flector 1.3 patch, 1 patch to skin Qday #30, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Regarding the request for Flector patch, Chronic Pain Medical Treatment Guidelines, recommends the use of topical NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) for the short-term management of osteoarthritis and tendinitis of joints amenable to topical treatment. They are not supported for neuropathic pain per the Chronic Pain Medical Treatment Guidelines. Within the documentation available for review, there is no documentation of osteoarthritis or tendinitis of joints amenable to topical treatment, and long-term use is also not indicated. In light of the above issues, the currently requested Flector patch is not medically necessary

The request for Lyrica 50mg capsule take 1 TID, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17, 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

Decision rationale: Regarding the request for Lyrica, Chronic Pain Medical Treatment Guidelines recommends its use in the management of neuropathic pain. Within the documentation available for review, there is documentation of neuropathic pain and the records suggest benefit from prior use of this medication. Of note, the previous reviewer recommended certification of this medication. In light of the above, the currently requested Lyrica is medically necessary.

Pristiq 50mg capsule, take 1 daily #30, refills 0: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: Regarding the request for Pristiq 50mg cap, take 1 daily, #30 refill 0, Chronic Pain Medical Treatment Guidelines supports the use of SNRIs in the management of neuropathic pain and radiculopathy. Within the documentation available for review, there is documentation of neuropathic pain and the records suggest that the patient's pain is improved

along with his mood with the use of this medication. Of note, the previous reviewer recommended certification of this medication. In light of the above, the currently requested Pristiq 50mg cap, take 1 daily, #30 refill 0 is medically necessary.

Pristiq 50mg tablet, take 1 daily #30 refill 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: Regarding the request for Pristiq 50mg tab take 1 daily, #30 refill 3, Chronic Pain Medical Treatment Guidelines supports the use of SNRIs in the management of neuropathic pain and radiculopathy. Within the documentation available for review, there is documentation of neuropathic pain and the records suggest that the patient's pain is improved along with his mood with the use of this medication. However, as with any medication, ongoing use/refills requires regular reevaluation to demonstrate continued efficacy, and a separate request for this medication with no refills was certified at the time of the 8/16/13 UR decision. In light of the above issues, the currently requested Pristiq 50mg tab take 1 daily, #30 refill 3 is not medically necessary