

Case Number:	CM13-0042851		
Date Assigned:	12/27/2013	Date of Injury:	01/03/2002
Decision Date:	04/22/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/18/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 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 55 year-old male with a date of injury of 01/03/2002. The listed diagnoses per [REDACTED] are: 1) Chronic neck pain 2) Status post anterior cervical discectomy and fusion C6-7 7/8/10 3) Status post anterior cervical discectomy, decompression and fusion C5-6 1/24/12 4) Persistent upper extremity symptomology According to report dated 09/17/2013 by [REDACTED], the patient presents with chronic neck pain. Examination revealed tenderness in cervical paraspinal muscles with extension 35, flexion 30, right and left rotation 70. Both shoulders show tenderness anteriorly and laterally with restricted flexion and abduction 160, internal and external rotation 80, adduction and extension 40 with grip strength 5/5. Treater states, he does not have much that he can offer at this point and recommends transfer of care to pain management. Patient's medication list includes Ambien 10mg, Lyrica 100mg, Celebrex 200mg and Tizanidine 2mg. The request is for refill of Celebrex and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 200 MG, #30 WITH 2 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, SPECIFIC DRUG LIST & ADVERSE EFFECTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: This patient presents with chronic neck pain. The treater is requesting refill of Celebrex for patient's pain. The Utilization review dated 09/23/2013 denied the request stating NSAIDs are recommended as an option in the short-term symptomatic relief of pain. For anti-inflammatory medications the MTUS guidelines page 22 states, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Medical records indicate this patient has been taking Celebrex since 03/05/2013. Progress note dated 05/14/2013 states that Celebrex is working for the patient's pain. Given patient's continued complaints of pain and the efficacy of this medication, recommendation is for approval.

LYRICA 100 MG, #30 WITH 2 REFILLS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient presents with chronic neck pain. The treater is requesting a refill of Lyrica. Utilization review dated 09/10/2013 denied the request stating there is no indication of subjective or objective improvement for continued use of this medication. The MTUS guidelines has the following regarding Pregabalin (Lyrica®), "Pregabalin (Lyrica®, no generic available) 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. In June 2007 the FDA announced the approval of Pregabalin as the first approved treatment for fibromyalgia." The treater is prescribing Lyrica for patient's "paresthesia". Report from 05/14/2013 states Lyrica is working and helping control the paresthesia. Recommendation is for approval.