

Case Number:	CM13-0049335		
Date Assigned:	12/27/2013	Date of Injury:	07/19/1999
Decision Date:	03/19/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/07/2013

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 Pain Management has a subspecialty in Disability Evaluation 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. 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:

This patient reported a work injury on 7/19/1999 by an unknown mechanism. She sustained injury to her neck and shoulders and hands. Complaints include neck pain, bilateral shoulder pain with findings of reduced shoulder range of motion with tenderness, MRI showing tendonitis, Acromioclavicular arthritis. Diagnoses include cervical spine/neck pain with C7 radiculopathy, Back pain with facet disease, chronic shoulder pain, chronic hand pain, left trigger finger. Studies reveal bone fusion C3-4, Grad I anterior listhesis C4 on C5 with facet Osteoarthritis and secondary degenerative disc disease, Moderate thecal sac stenosis, C5-6 and C6-7 borderline thecal sac stenosis and no cord compression. She has been treated over the years with a C3-4 surgical fusion, exercise and stretching programs, cervical traction and steroid injections. She continues with severe pain in the neck and shoulder and hand pains with difficulty sleeping. Opioids have been used over time and on recent evaluation the patient stated that the Norco is not helping. She is currently retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg #30: Upheld

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

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

Decision rationale: Lyrica is recommended in some cases of neuropathic pain which has not been documented in this patient. Therefore the request for Lyrica 50mg #30 is not medically necessary and appropriate.

Resoril 15mg #30 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: In this case there is no clear documentation of the purpose for which this medication is prescribed and no associated consultations or studies to support the recommendation. Most guideline limit is 4 weeks. The guideline does not recommend this medication as the first line treatment (ODG) in patients with chronic pain. MTUS guideline recommended antidepressants as the most appropriate treatment for anxiety. Therefore, the request for Restoril 15mg #30 X2 is not medically necessary and appropriate.