

Case Number:	CM13-0051869		
Date Assigned:	12/27/2013	Date of Injury:	11/01/2004
Decision Date:	07/03/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/15/2013

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 50 year old female with a date of injury on 11/1/2004. Diagnoses include lumbar radiculopathy, cervical radiculitis, De Quervain's tenosynovitis, and myofascial pain. Subjective complaints are of pain in the lumbar and cervical spine, and right wrist. Pain is sharp, aching, burning, and rated at 7-8/10. Physical exam shows cervical decreased range of motion with tenderness. The right wrist has tenderness and a positive Finkelstein's sign, and negative Tinel's and negative Phalen's. Lumbar spine has decreased range of motion and tenderness, without mention of radicular signs. Urine drug screen was consistent. Medications include Lyrica 75mg twice a day, tramadol 50mg 2-3 times a day, tizanidine at bedtime, omeprazole, and zolpidem. Submitted documentation indicates that medication regimen helps decrease her pain and helps improve her quality of life.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 75MG #60: 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 AED, LYRICA Page(s): 16, 19.

Decision rationale: Chronic Pain Medical Treatment Guidelines suggests Lyrica and other antiepileptic drugs (AED) are recommended for neuropathic pain. Clinical documentation for this patient does not show evidence of neuropathic pain. Chronic Pain Medical Treatment Guidelines does add that following initiation of treatment there should be documentation of at least 30% pain relief and functional improvement. The continued use of an AED for neuropathic pain depends on these improved outcomes. Review of the submitted medical records did not show evidence of neuropathic pain and also did not identify any documentation that demonstrated pain relief specific to this medication. Therefore, the medical necessity for Lyrica is not established.

TRAMADOL 50MG #60: 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 OPIOIDS Page(s): page(s) 74-96.

Decision rationale: Chronic Pain Medical Treatment Guidelines states that opioids should be discontinued if there is no overall improvement in function, continued pain with evidence of intolerable side effects, decrease in function, resolution of pain, patient request, or evidence of illegal activity. Opioids use may continue if the patient has returned to work or has improvements in functioning and pain. This patient's records indicate that medications provided moderate pain relief and allowed for improved function and ability to participate in activities of daily living. Guidelines indicate that opioid use may continue if the patient has improvements in functioning and pain. Furthermore, documentation is present of Chronic Pain Medical Treatment Guidelines opioid compliance guidelines, including urine drug screening, screening for adverse effects, and ongoing efficacy of medication. Therefore, the use of Tramadol is consistent with guideline recommendations and is medically necessary.

TIZANIDINE #30: 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 MUSCLE RELAXANTS Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, MUSCLE RELAXANTS, TIZANIDINE.

Decision rationale: Chronic Pain Medical Treatment Guidelines suggests Tizanidine as a first line treatment option for myofascial pain, and has demonstrated efficacy for low back pain. This patient has a diagnosis of myofascial pain and has been utilizing Tizanidine for muscle spasms. Therefore, the use of this medication is consistent with guideline recommendations and is medically necessary.

ZOLPIDEM 10MG #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 Official Disability Guidelines (ODG) PAIN, INSOMNIA TREATMENT.

Decision rationale: ODG suggests that zolpidem is only approved for the short-term treatment of insomnia. The recommended time-frame of usage is usually 2 to 6 weeks and long-term use is rarely recommended. Sleeping pills can be habit-forming, impair function and memory, and increase pain and depression over long-term use. For this patient, Ambien has been used on a chronic basis that would place the treatment time well over 6 weeks. Therefore, continuation of this medication exceeds recommended usage per guidelines, and is not a medical necessity.

OMEPRAZOLE: 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 NSAIDS/GI RISK Page(s): 68.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines, a proton pump inhibitor can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse GI events. Guidelines identify the following as risk factors for GI events: age 65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDS. There is no documentation identified that would stratify this patient in an intermediate or high risk GI category. Submitted records do not identify any medical history of GI problems, or current problems related to her ongoing medication. Furthermore, the patient is not taking an NSAID. Therefore, the requested prescription for Omeprazole is not medically necessary.