

Case Number:	CM13-0064125		
Date Assigned:	01/03/2014	Date of Injury:	11/30/2002
Decision Date:	05/12/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/11/2013

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 & Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 34-year-old female who reported an injury on 11/30/2002. The mechanism of injury was not stated. Current diagnoses include status post right knee surgery, herniated nucleus pulposus of the lumbar spine, atypical seizures, dental carries, emotional and mental instability, and lumbosacral annular disruption. The injured worker was evaluated on 10/07/2013. The injured worker reported persistent joint pain, tenderness and swelling. Current medications include omeprazole 20 mg, nortriptyline 25 mg, Lyrica 100 mg, and Celebrex 200 mg. Physical examination revealed limited lumbar range of motion, 4/5 strength in bilateral lower extremities, a moderate amount of swelling with minimal range of motion of the right ankle, painful range of motion of the right knee with crepitation, tenderness across the lumbar spine, and positive straight leg raising. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF CELEBREX 200MG #30 (WITH 3 REFILLS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. Celebrex is indicated for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. As per the documentation submitted, the injured worker has utilized Celebrex 200 mg twice per day since 02/2013. Despite ongoing use of this medication, there is no evidence of objective functional improvement. There is also no frequency listed in the current request. Therefore, the request for Celebrex 200mg #30 with 3 refills is not medically necessary and appropriate.

PRESCRIPTION OF LYRICA 100MG, #180, WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20.

Decision rationale: The California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia. As per the documentation submitted, the injured worker has utilized Lyrica 100 mg every 8 hours since 02/2013. Despite ongoing use of this medication, there is no evidence of objective functional improvement. There is also no frequency listed in the current request. Therefore, the request for Lyrica 100mg, #180, with 3 refills is not medically necessary and appropriate.

PRESCRIPTION OF NORTRIPTYLINE 25MG #90 WITH 3 REFILLS: Upheld

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

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

Decision rationale: The California MTUS Guidelines state antidepressants are recommended as a first-line option for neuropathic pain, and as a possibility for non neuropathic pain. Tricyclics are generally considered a first-line agent. As per the documentation submitted, the injured worker has utilized nortriptyline 25 mg at bedtime since 02/2013. Despite ongoing use of this medication, there is no evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request for Nortriptyline 25mg #90 with 3 refills is not medically necessary and appropriate.

PRESCRIPTION OF OMEPRAZOLE 20MG #60 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASULAR RISK Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high-risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no frequency listed in the current request. As such, the request for Omeprazole 20mg #60 with 3 refills is not medically necessary and appropriate.