

Case Number:	CM13-0069335		
Date Assigned:	01/03/2014	Date of Injury:	02/04/1983
Decision Date:	06/05/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/20/2013

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 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 injured worker is a 55-year-old male who reported an injury on 02/04/1983. The mechanism of injury was not stated. Current diagnoses include headache, cervical radiculitis, shoulder joint pain, and disc degeneration. The injured worker was evaluated on 12/20/2013. The injured worker reported increasing pain in the cervical spine and bilateral shoulders, as well as numbness in the left wrist and hand. The injured worker has previously undergone bilateral knee medial meniscectomy and left shoulder arthroscopy. The injured worker has also been treated with chiropractic therapy, occipital nerve blocks, physical therapy, TENS therapy, ice/heat treatment, trigger point injections, facet joint injections, epidural steroid injections, acupuncture, and massage therapy. Current medications included Lyrica 50 mg. Physical examination revealed limited cervical range of motion, tenderness to palpation, right and left trapezius spasm, scapula spasm, painful cervical range of motion, intact sensation, and decreased strength on the left. Treatment recommendations included continuation of current medication with an increase in Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 100%, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Gabapentin is not recommended, as there is no evidence for the use of any anti-epilepsy drug as a topical product. Therefore, the request is non-certified.

LYRICA 50MG, #90: Upheld

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

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

Decision rationale: California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Lyrica has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia. The injured worker has continuously utilized this medication for an unknown duration. Despite ongoing use, the injured worker continues to report persistent pain. Additionally, there is no frequency listed in the current request. Therefore, the request is non-certified.