

Case Number:	CM13-0071060		
Date Assigned:	01/08/2014	Date of Injury:	06/15/2004
Decision Date:	04/25/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/26/2013

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 Pain Management 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 patient is a 46-year-old female who reported an injury on 06/15/2004; the mechanism of injury was not provided. The patient's medication history included opiates, PPIs, NSAIDs, and antiepileptic drugs as of 04/2013. The documentation of 12/04/2013 revealed the patient had complaints of neck pain radiating to the bilateral upper extremities to the level of the hands and fingers. The patient's pain level was 7/10 with medications and 9/10 without medications. The patient's diagnoses included complex regional pain syndrome of the bilateral upper extremities and chronic pain, other. The treatment plan included omeprazole, Tylenol No. 3, gabapentin, Lyrica, Naprosyn, and Butrans patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROSYN 500MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NSAIDS.

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

Decision rationale: California MTUS Guidelines recommend NSAIDs for short-term symptomatic relief of chronic pain. There should be documentation of an objective functional

improvement, as well as an objective decrease in the VAS score. The clinical documentation submitted for review indicated the patient had been taking the medications for greater than 6 months. There was lack of documentation of objective functional improvement. Given the above, the request for Naprosyn 500 mg #30 is not medically necessary.

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 Antiepileptic Drugs Page(s): 16.

Decision rationale: California MTUS Guidelines recommend antiepileptic drugs as a first-line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain and an objective functional improvement. The clinical documentation submitted for review indicated the patient had been taking the medication for greater than 6 months. There was lack of documentation indicating the patient had objective functional improvement. Additionally, there was lack of documentation indicating necessity for 2 antiepileptic drugs as the patient was noted to be taking gabapentin and Lyrica concurrently. Given the above, the request for Lyrica 50 mg #30 is not medically necessary.

BUTRANS 5MCG/HR PATCH #4: 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 Medications for Chronic pain, ongoing management Page(s): 60,78.

Decision rationale: California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the patient had been taking the medication for more than 6 months. There was lack of documentation of the above recommendations. Given the above, the request for Butrans 5 mcg/hour patch #4 is not medically necessary.