

<b>Case Number:</b>	CM14-0005750		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	09/29/2007
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, neck, and shoulder pain reportedly associated with an industrial injury of September 29, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a cane; earlier cervical fusion surgery; adjuvant medications; and earlier shoulder surgery. In a progress note dated January 20, 2014, the applicant was described as again reporting 10/10 pain with medications and 10/10 without medications. The applicant was limited in terms of even basic activities of daily living including ambulation and hand function. The applicant was described as using Lortab, ketoprofen, Protonix, senna, Lyrica, and Voltaren gel on this occasion as well. In a February 25, 2013, progress note, the applicant was described as reporting persistent multifocal, neck, low back, upper extremity, and lower extremity pain, rated at 10/10. The applicant was reportedly constrained in terms of even basic activities of daily living, such as activity, ambulation, and hand function. It was stated that the applicant's pain levels were 10/10 with and without medications. The applicant was depressed and deconditioned owing to severe knee pain. The applicant was not working. Multiple medications, including oral ketoprofen, Lortab, Lyrica, Protonix, senna, and Voltaren gel were suggested. In a Utilization Review Report dated December 19, 2013, the claims administrator apparently denied request for Protonix, Lyrica, senna-Colace, and oral ketoprofen. The applicant's attorney subsequently appealed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PANTOPRAZOLE 20MG TAKE 1 TAB BY MOUTH BID #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS AND CARDIOVASCULAR RISK, Page(s): 68-69.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do support provision of proton pump inhibitors such as Protonix or Pantoprazole in the treatment of NSAID-induced dyspepsia; in this case, however, there was no mention of dyspepsia, either NSAID induced or stand-alone, raised on any recent progress note provided. There was no mention of issues with reflux, heartburn, and/or dyspepsia voiced, either in the body of the report or in the review systems section of any recent progress note provided. Therefore, the request is not medically necessary.

**LYRICA 50MG TAKE 1 CAPSULE BEFORE BEDTIME #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 19-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PREGABALIN Page(s): 99.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do suggest that pregabalin or Lyrica is considered a first-line treatment for neuropathic pain and is also approved to treat fibromyalgia; in this case, however, the request in question represents a renewal request. The applicant has failed to demonstrate any lasting benefit or functional improvement with ongoing Lyrica usage. The applicant is off of work, on total temporary disability. The applicant's ongoing usage of Lyrica has failed to improve even basic activities of daily living such as ambulation and hand function. The applicant's ongoing usage of Lyrica has failed to diminish reliance on other medications, including Lortab. The applicant's pain scores are graded at 10/10 with and without medications. All of the above, taken together, imply a lack of functional improvement despite ongoing usage of Lyrica. Therefore, the request is not medically necessary.

**SENNA/DOCUSATE 50/8.6 MG TAKE 2 TAB BID #120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines INITIATING THERAPY SECTION, Page(s): 77.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment of constipation is indicated in applicants in whom opioid therapy is initiated. In this case, the applicant is using Lortab, a short-acting opioid. Concomitant provision

of a laxative, senna-docusate is indicated, appropriate, and supported by the California MTUS Guidelines. Therefore, the request is medically necessary.

**KETOPROFEN 50 MG TAKE 1 TAB BY MOUTH EVERY 12 HOURS #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, SPECIFIC DRUG LIST & ADVERSE EFFECTS Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS TOPIC, Page(s): 22.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do suggest that anti-inflammatory medications such as ketoprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic back pain reportedly present here; however, the applicant has failed to achieve any lasting benefit or functional improvement despite ongoing usage of ketoprofen. The applicant remains off of work. The applicant remains highly reliant and highly dependent on several of medical treatments, including shoulder injection therapy and opioid prescriptions such as Lortab. Continued usage of ketoprofen without ongoing evidence of functional improvement is not indicated. Therefore, the request is not medically necessary.