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| Case Number: | CM14-0018863 | | |
| Date Assigned: | 04/23/2014 | Date of Injury: | 11/27/2001 |
| Decision Date: | 07/03/2014 | UR Denial Date: | 02/11/2014 |
| Priority: | Standard | Application Received: | 02/14/2014 |

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 Family Medicine and is licensed to practice in North Carolina. 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 53-year old with a reported date of injury of 11/27/2001. The patient has the diagnoses of bilateral knee pain and low back pain with radiation to his thighs and knees. Treatment has included surgery and medication. The most recent progress report from the primary treating physician dated 01/15/2014 states the patient has pain control with the current pain medications and the only side effect is heartburn which is controlled with Prilosec. The physical exam noted right knee tenderness to palpation with no swelling and the left knee with slight swelling and tenderness to palpation along the anterior and lateral knee. The lumbar spine showed tenderness and spasm on the left greater than the right paralumbar muscles. The treatment plan was to start Lyrica and continue other medicines as prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

Decision rationale: Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for

example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. This patient does not meet qualifications for high risk for gastrointestinal events. At intermediate risk, the recommendation is for a COX-2 inhibitor or a non-selective NSAID with a PPI. Since this patient is on a COX-2 inhibitor, the use of the PPI is not warranted. The requested medication is not medically necessary.

LYRICA 150MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS (AEDS) Page(s): 16-19.

Decision rationale: Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. According to the California MTUS on the use of AEDs in chronic pain: There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006). This patient has no documented diabetic neuropathy or postherpetic neuralgia and thus the requested medication is not medically necessary.