

Case Number:	CM14-0115844		
Date Assigned:	08/04/2014	Date of Injury:	06/12/2004
Decision Date:	09/10/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/23/2014

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 Physical Medicine and Rehabilitation, Pain 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 injured worker is 46-year-old female with a date of injury 06/12/2004. There is no record mechanism of injury. The patient has a history of right shoulder pain, reflex sympathetic dystrophy of the right upper extremity and lumbar spine pain. She describes both currently as 5/10. She complains of increased pain in her right shoulder. Her back pain is 2/10 and neck pain is 7/10. Patient states that she found the Lyrica very helpful for her right upper extremity pain, but has been bed ridden due to dizziness. She has had the aquatic physical therapy. She also noted that she has complained of neck pain with radiation to the left > right upper extremity with tingling in the hand, swelling / dysesthesia / hypesthesia in the right upper extremity, right shoulder pain, left ankle pain, low back pain with radiation to the legs, depression and sleep difficulty, headache and intermittent GI upset. Exam of the paraspinal muscles showed mild to moderate tenderness and spasm, more on the right than the left. Neurologic examination reveals Gait is slightly slow because of pain in the lower back. Sensory exam: Sensation is altered with dysesthesia on the right upper extremity. Lumbar range of motion was limited. SLR test is positive bilaterally at 70 degree in sitting and supine position, producing left buttock, posterior thigh and calf pain. Lasegue's test was negative bilaterally. Diagnoses are: Reflex sympathetic dystrophy of right upper extremity, right shoulder strain/impingement, cervical strain with left cervical radiculopathy, lumbar strain with left lumbar radiculopathy, cervicogenic headaches, secondary depression due to chronic pain, bruxism, TMJ dysfunction xerostomia, industrially, secondary GI upset due to the use of pain medication and anti-inflammatory, R/O cervical / thoracic / lumbar spinal stenosis and cauda equina symptomatology due to disc herniation. Recommendation: Refill Morphine sulfate, increase Lyrica for chronic pain and refill for PrilosecUR determination for requests of Morphine sulfate IR 15mg #90; Prilosec 20 mg #60; and Lyrica 150 mg #60 was denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate IR 15mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74.

Decision rationale: As per CA MTUS guidelines, MS Contin is a controlled, extended and sustained release preparations should be reserved for patients with chronic pain, who need of continuous treatment. Guidelines indicate that "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, records review indicates that this patient has chronic neck and lower back pain as well as right shoulder pain and RSD, who has been prescribed this medication for long periods of time. However, there is little to no documentation of any significant reduction in pain level or subjective / objective functional improvement with the use of this medication. Additionally, there is no documentation of urine drug screen to monitor the patient's compliance with opioids use. Therefore, the request for MS Contin 15MG # 90 is not medically necessary and is not medically necessary.

Prilosec 20mg # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG)-TWC Proton Pump Inhibitors(PPIs).

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

Decision rationale: According to the CA MTUS guidelines, PPI "Omeprazole" is recommended if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the medical records do not document the criteria stated above. In the absence of documented GI distress, any history of GI bleeding concurrent use of ASA, corticosteroid and/or anticoagulant, or high dose or multiple NSAID, the request is not medically necessary according to the guidelines.

Lyrica 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs (anti-epilepsy drugs).

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

Decision rationale: As per CA MTUS guidelines, 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. It is also FDA approved for treatment for generalized anxiety disorder and social anxiety disorder. Any other indications are considered off-label. In this case, the patient has chronic neck and back pain withy radiculopathy and RSD of the right upper extremity. There is no documentation of a diagnosis of diabetic neuropathy, postherpetic neuralgia, or anxiety disorder. There is no evidence of any significant improvement in pain or function with prior use. Thus, the medical necessity has not been established and the request is non-certified.