

Case Number:	CM14-0119419		
Date Assigned:	08/06/2014	Date of Injury:	10/31/2012
Decision Date:	10/01/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/28/2014

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 claimant was injured on 10/31/12. Lyrica, Celebrex, and omeprazole are under review. She reportedly injured her shoulder, elbow, and wrist and has ongoing left shoulder and elbow pain. She was prescribed Celebrex, Lyrica, omeprazole, ibuprofen, and lisinopril. She had left lateral and medial epicondylar pain and positive Tinel's sign. She had tenderness over the carpal tunnel area. Motor strength was mildly weak. Sensation testing revealed decreased sensation over the left ring and little fingers. Reflexes were normal. On 01/21/14, she saw [REDACTED] and was status post left elbow dislocation. She still had irritability and discomfort and pain in the left elbow. She was very tense in the arm with burning pain. It appeared at that visit that she was not in as much discomfort. She was fairly relaxed. She had some instability to the ulnar nerve component of the elbow joint and repair of the ulnar collateral ligament was being considered. She was transferred to [REDACTED] for further treatment. She saw [REDACTED] on 01/24/14. An MRI had shown radial and ulnar collateral ligament damage and extensive edema. Her most recent MRI was one year prior and showed the same findings. She had a nonfocal exam and an MRI arthrogram was ordered. She saw [REDACTED] again on 02/24/14. She continued to be symptomatic. The collateral ligament was intact but there was scarring. She had some vague aching type pain. She saw [REDACTED] on 04/18/14 and was taking ibuprofen. She was in no acute distress. PT was ordered and she was given an elbow strap for lateral epicondylitis. She was prescribed Celebrex and Lyrica. On 06/27/14, she saw [REDACTED] again. She had ongoing pain that was relatively high. She stated the medications were helping. Medication side effects felt by the patient included GI distress. She had been denied Lyrica but noted that it was helpful in reducing her neuropathic pain. A TENS unit had been authorized. She reportedly stopped taking Motrin due to side effects of dyspepsia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (pregabalin); Medications for Chronic Pain Page(s): 131; 94.

Decision rationale: The history and documentation do not objectively support the request for Lyrica 75mg #60. The MTUS state "pregabalin (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. Pregabalin was also approved to treat fibromyalgia." MTUS also states "before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, ... A record of pain and function with the medication should be recorded. (Mens 2005)" In this case, there is no evidence of neuropathic pain from diabetic or other neuropathy, postherpetic neuralgia, or a diagnosis of fibromyalgia. There is not documentation of the claimant's pattern of use or whether she has received significant measurable objective and functional benefit from the use of this medications. The medical necessity of Lyrica 75mg #60 has not been clearly demonstrated.

Celebrex 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex, NSAIDs, Page(s): 61, 101.

Decision rationale: The history and documentation do not objectively support the request for Celebrex 100mg #60 for the claimant's ongoing pain. The MTUS state "Celebrex is the brand name for celecoxib [which] is a nonsteroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. Unlike other NSAIDs, celecoxib does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain procedures." There is no evidence that the claimant was prescribed Celebrex because surgery was being planned although surgery was discussed later in the file. The MTUS also state regarding "NSAIDs (non-steroidal anti-inflammatory drugs) - Specific recommendations: Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be

considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain -Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. (van Tulder, 2006) (Hancock, 2007)" In this case, there is no indication that the claimant had tried acetaminophen instead of Celebrex when the ibuprofen was discontinued due to gastrointestinal symptoms. There is no evidence of osteoarthritis or chronic back, knee, or hip pain with significant inflammation present. The medical necessity of the request for Celebrex 100 mg #60, frequency unknown, has not been demonstrated.

Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for omeprazole 20 mg #30. The MTUS state regarding PPIs "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. In this case, there is brief mention of gastrointestinal symptoms but ibuprofen was stopped. There is no documentation of ongoing gastrointestinal symptoms or any chronic GI conditions for which this medication appears to be indicated. The medical necessity of this request for omeprazole 20mg #30 has not been clearly demonstrated.