

<b>Case Number:</b>	CM14-0139883		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	02/10/2013
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This 51 year old patient had a date of injury on 2/10/2013. The mechanism of injury was not noted. In a progress noted dated 8/19/2014, subjective findings included headache/migraine, neck pain, right shoulder pain, increasing low back pain radiating into right buttock, and left knee pain. There is muscle spasms present and numbness and tingling with limited movement. On a physical exam dated 8/19/2014, findings included the patient wearing a soft left knee brace. The knee pops with movement and is positive for crepitus. There is no change in his increased low back pain with limited range of motion in all planes due to pain. The diagnostic impression shows headaches, chronic pain syndrome, cervicobrachial syndrome, myalgia and myositis. Treatment to date: medication therapy, behavioral modification, TENS unit. A UR decision dated 8/19/2014 denied the request for Celebrex 200mg #60, stating that the maximum recommended dose for chronic pain is exceeded, and there are no GI complications in this patient. Lyrica 100mg #90 was denied, stating no objective evidence of neuropathic lesion, and there was no improvement noted in symptomatology. Lidoderm patch #90 was denied, stating there was no specific neuropathic pain generator. Trazadone 50mg #60 was denied, stating that insomnia has not been diagnosed with this patient. Imitrex 50mg #9 was denied, stating there was no discussion as to the headaches, response to medication, or why this is clinically indicated. Prilosec 20mg #60 was denied, stating that there was lack of specific complaints relative to gastrointestinal tract.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA: Celebrex

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The FDA identifies that Celebrex is indicated in the treatment of osteoarthritis, rheumatoid arthritis, acute pain, and familial adenomatous polyposis. In addition, Celebrex is also a better choice than NSAIDs in patients with osteoarthritis and rheumatoid arthritis who are on a daily aspirin with regard to prophylaxis of GI complications as the annual GI complication rates for these patients is significantly reduced. The FDA recommends a maximum dose of Celebrex 200mg/day for pain. In a progress report dated 8/19/2014, it was noted that the patient is prescribed Celebrex 100mg #60, which is equivalent to Celebrex 200mg/day. However, no rationale was provided regarding why this patient requires 400mg/day. Therefore, the request for Celebrex 200mg #60 is not medically necessary.

**Lyrica 100mg #90: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20.

**Decision rationale:** MTUS states that 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. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. In the progress report dated 8/19/2014, it was noted that this patient has failed Gabapentin, and has radiating pain into the right buttock, symptoms consistent with neuropathic pain. Therefore, the request for Lyrica 100mg #90 was medically necessary.

**Lidoderm patch #90: 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 Page(s): 56-57.

**Decision rationale:** CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. In the 8/19/2014 progress report, it was noted that the patient failed Gabapentin and began taking Lyrica for neuropathic pain. However, there was no discussion regarding why this patient requires Lidoderm patches in addition to the Lyrica, which the patient seems to be tolerating well. Therefore, the request for Lidoderm patch #90 is not medically necessary.

**Trazadone 50mg #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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress Chapter Trazodone

**Decision rationale:** CA MTUS does not address this issue. ODG recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone has also been used successfully in fibromyalgia. In the 8/14/2014 progress report, the patient is not diagnosed with insomnia or depression. Therefore, the request for Trazodone 50mg #60 is not medically necessary

**Imitrex 50mg #9:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA: Imitrex

**Decision rationale:** CA MTUS and ODG do not address this issue. The FDA state that Imitrex is used to treat migraine headaches that has already begun. In the 8/14/2014 progress report, it was noted that the Lyrica helped the patients leg pain and decreased his headaches. There was no discussion, however, regarding the functional improvement from Imitrex. Therefore, the request for Imitrex 50mg #9 is not medically necessary.

**Prilosec 20mg #60:** Upheld

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

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

**Decision rationale:** CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. In the 8/14/2014 progress report, there was no evidence that this patient suffered from gastrointestinal events. Therefore, the request for omeprazole 20mg #60 is not medically necessary.