

Case Number:	CM14-0169193		
Date Assigned:	10/17/2014	Date of Injury:	04/13/2010
Decision Date:	11/26/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/14/2014

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 Geriatrics and is licensed to practice in New York. 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 a woman with a date of injury of 4/13/10. She was seen by her primary treating physician on 9/17/14 with complaints of pain in multiple joints - knees, shoulder, neck and left ankle. Her exam showed reduced range of plantar flexion and inversion in her left ankle as compared to her right. She had tenderness to palpation over the peroneal tendons posterior and distal to the lateral malleolus with some slight left lateral ankle soft tissue swelling. She had a 1+ left ankle drawer sign and bilateral pes planovalgus deformity. Her diagnoses included status post left arthroscopic partial medial and lateral meniscectomy, patellofemoral and lateral femorotibial chondroplasty, status post right shoulder arthroscopic rotator cuff repair, biceps tenodesis, subacromial decompression and distal clavicle excision, chronic cervical strain, rule out cervical radiculitis, peripheral nerve compression, flared right shoulder pain with work and possible double crush syndrome and chronic bilateral ankle sprain, rule out left peroneal tenosynovitis and possible tear. At issue in this review is the request for Lyrica, Vimovo, Norco and Amrix. Prior length of therapy is not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100mg, QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 19-20.

Decision rationale: Pregabalin or 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. The medical records fail to document any improvement in pain, functional status or a discussion of side effects to justify ongoing use. The medical necessity of Lyrica is not substantiated in the records.

Vimovo 500/20mg QTY: 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, Treatment in Worker's Compensation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-73 and 68-69.

Decision rationale: Vimovo is a combination of naproxen and omeprazole. This injured worker has chronic pain and ongoing use of several medications including muscle relaxants and opioids. Per the chronic pain guidelines for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any significant improvement in pain or functional status to justify ongoing use of a NSAID versus other medications. Prilosec is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the MTUS, this would include those with: 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). The records do not support that she meets the criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole. The prescription for Vimovo is denied as not medically substantiated.

Norco 10/325mg QTY: 180.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 9/14 fails to document any improvement in pain, functional status or side effects to justify ongoing use. The Norco is not medically substantiated by the records.

Amrix 15mg, QTY: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

Decision rationale: Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 9/14 fails to document any improvement in pain, functional status or a discussion of side effects to justify ongoing use. The medical necessity of Amrix is not supported in the records.