

Case Number:	CM14-0184152		
Date Assigned:	11/12/2014	Date of Injury:	09/18/2009
Decision Date:	12/18/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/05/2014

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 Medicine and is licensed to practice in Texas & Oklahoma. 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 62 year old female who was injured on 9/18/2009. The diagnoses are cervicalgia, bilateral carpal tunnel syndrome, bilateral knees and bilateral upper extremities pain. There are associated diagnoses of anxiety and insomnia. The past surgery history is significant for left shoulder arthroscopy, right knee arthroscopy and left knee replacement. On 6/17/2014, Dr. B Sam Tabibian noted objective findings of tenderness to paraspinal muscles, tenderness to palpation of the joints, and decreased range of motion of the joints. The patient reported significant symptoms relief including better sleep and improved mood with the use of Lyrica. There is a history of NSAIDs associated gastropathy. The medications are Lyrica and Nucynta for pain. A Utilization Review determination was rendered on 10/10/2014 recommending non certification for Lyrica 100mg #90 and Nucynta ER 100mg #60

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100mg capsule 1 po TID Quantity: 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): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized for the treatment of neuropathic pain syndromes. The guidelines also noted that neuropathic pain medications are beneficial in chronic pain syndromes associated with psychosomatic symptoms. The records indicate that the patient was diagnosed with chronic pain associated insomnia and anxiety disorder. There are documented findings of significant symptoms improvement of better sleep, improved mood, less anxiety and decreased pain with the use of Lyrica in this patient. The criterion for the use of Lyrica 100mg TID #90 was met. Therefore, the request is medically necessary and appropriate.

Nucynta ER 100mg tab 1 po bid: Overturned

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): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of severe chronic pain when the use of standard NSAIDs cannot be tolerated or have failed. The records indicate that the patient could not tolerate NSAIDs because of a history of NSAIDs induced gastropathy. The chronic use of Nucynta is associated with less sedative, addictive and adverse effects than the use of pure opioid agonists. There is documentation of functional restoration without adverse effect or aberrant drug behavior with the use of Nucynta. The criteria for the use of Nucynta 100mg ER bid were met. Therefore, the medication is medically necessary.