

Case Number:	CM14-0029262		
Date Assigned:	06/20/2014	Date of Injury:	11/10/1986
Decision Date:	07/23/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/07/2014

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 and is licensed to practice in Illinois. 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 54-year-old female who reported an injury on 11/10/1986. The mechanism of injury was not provided within the medical records. The clinical note dated 04/22/2014 indicated diagnoses of cervical degenerative disc disease, status post C3-7 fusions; chronic cervicgia; right rotator cuff tear, status post repair; right shoulder impingement syndrome; chronic pain of right shoulder; pain-related aggravation of pre-existing depression; non-industrial chronic low back pain and possible radiculitis; and cervical spondylolisthesis at C2-3. The injured worker reported chronic pain in her neck and shoulders with radicular symptoms to her bilateral upper extremities. The injured worker reported chronic low back pain with radicular symptoms to her right lower extremities. The injured worker reported MS Contin, Percocet, Lyrica, and Robaxin helped manage her pain and spasms. The injured worker reported approximately 50% reduction in her pain and spasms with the use of her medications. The injured worker described her pain as 7/10 to 8/10 in intensity without her medication whereas with her medication her pain was approximately 4/10 in intensity. The injured worker's tolerance for standing and walking was limited to 5 minutes with the use of her medications. Without her medications she had difficulty tolerating such activities at all. She ambulated with a front wheel walker. The injured worker is status post bilateral knee replacement. On physical exam of the shoulders the injured worker had decreased range of motion. The range of motion of the cervical spine was moderately reduced in all planes with spasms reported in the bilateral lower cervical paraspinal regions that extended into the bilateral trapezia. The injured worker had tenderness to palpation throughout the lumbar spine with tenderness and some slight spasms reported in the bilateral lumbar paraspinal regions. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included MS Contin, Percocet, Amitriptyline, Colace, Robaxin, Wellbutrin, and Lyrica. The

provider submitted request for Lyrica and Colace. The request for authorization form was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100 mg capsules Quantity: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 19.

Decision rationale: The request for Lyrica 100 mg capsules Quantity: 180 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state Lyrica has been effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for diabetic neuropathy, postherpetic neuropathy, or fibromyalgia. Furthermore, the request did not indicate a frequency for the medication. Therefore, the request for Lyrica 100 mg capsules Quantity: 180 is not medically necessary.

Colace 100 mg capsules Quantity: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ncbi.nlm.nih.gov/pubmedhealth/PMH00001000/.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Initiating therapy Page(s): 77.

Decision rationale: The request for Colace 100 mg capsules Quantity: 60 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state prophylactic treatment of constipation should be initiated. Although the injured worker is on opioids there is a lack of documentation of efficacy and functional improvement from this medication. In addition, the provider did not indicate a frequency for this medication. Therefore, the request for Colace 100 mg capsules Quantity: 60 is not medically necessary.