MAXIMUS Federal Services

Case Number:	CM14-0037180		
Date Assigned:	06/25/2014	Date of Injury:	07/30/2008
Decision Date:	07/31/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	03/27/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 is a 62 year old female with a date of injury of 07/30/2008. The 4/25/14 QME notes condition of fibromyalgia syndrome. The 4/8/14 PR-2 notes lyrica helping low back pain taken twice daily. ADLs are able to be performed but notes lack of sleep. Examination notes tender points in 15/18 locations with motor strength normal at 5/5. Plan of care was to continue lyrica, start Elavil, and continue Vimovo. 1/6/14 PR-2 noted pain in the neck with spasm. There were tender paraspinal muscles and reduced range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150 mg #60: Overturned

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 - Lyrica Page(s): 99.

Decision rationale: The medical records provided for review indicate a condition of fibromyalgia with demonstrated physical exam findings supporting presence of pain in more than 10 of 18 locations consistent with fibromyalgia. Lyrica is FDA approved for fibromyalgia and is

supported for this diagnosis under MTUS guidelines. Therefore, the request for Lyrica 150 mg # 60 is medically necessary and appropriate.

Vinovo 375 mg 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67,68, & 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids Page(s): 70-71.

Decision rationale: The medical records provided for review do not indicate a history of intolerance or GI effects related to NSAID use. Routine use of combination agent NSAID with GI protectant is not supported under MTUS guidelines. Furthermore, there is no documentation regarding extenuating circumstances to support use of Vimovo. Therefore, the request for Vinovo 375 mg # 60 is not medically necessary and appropriate.