

Case Number:	CM14-0080202		
Date Assigned:	07/18/2014	Date of Injury:	05/24/1989
Decision Date:	09/12/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/30/2014

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 Occupational Medicine, and is licensed to practice in California. 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:

Injured worker is a female with date of injury 5/24/1989. Per pain management note dated 4/1/2014, the injured worker has been utilizing medication Palliation for treatment of her back, buttock and leg pain. The combination of Oxycontin, Hydrocodone and Lyrica has afforded her some level of stability. Monitoring of her opioids has shown a compliance with the medication safety agreement, including the completion of goal setting and activity monitoring forms, which show at least twice weekly activities outside of her home and engagement in social and recreational activities with her husband on a predictable basis. On examination her blood pressure is 140/86 mm Hg, and pulse is 84 bpm. Her pain is rated at 7. Diagnoses include 1) post laminectomy syndrome, lumbar region 2) systemic lupus erythematosus 3) depressive disorder not elsewhere classified 4) displacement of lumbar intervertebral disc 5) low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica (Pregabalin) 75mg #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 Antiepilepsy Drugs Page(s): 16-20.

Decision rationale: The MTUS Guidelines support the use of Lyrica for the treatment of diabetic neuropathy and postherpetic neuralgia. Antiepileptic drugs are recommended for the treatment of neuropathic pain. Review of orthopedic evaluations provided for review does not indicate that the injured worker is suffering from neuropathic pain. It is reported that she is benefiting from the use of her medications in the current clinical reports, however a detailed explanation is not provided. There are multiple previous reviews and a supplemental AME that also note that the use of Lyrica is not consistent with the MTUS Guidelines for this injured worker. The request for Lyrica (Pregabalin) 75mg #90 is determined to not be medically necessary.

Flector (diclofenac Epolamine) 1.3% #30 with refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section, Topical Analgesics section Page(s): 67-73,111-113.

Decision rationale: The Flector Patch is a topical analgesic containing diclofenac epolamine. The MTUS Guidelines recommend the use of NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Diclofenac is specifically supported for arthritic knee pain. The injured worker has been using Flexor Patches for in excess of 12 weeks, without sufficient evaluation of the efficacy of Flexor Patches and an explanation of why continued use would be desired. The request for Flector (diclofenac Epolamine) 1.3% #30 with refills is determined to not be medically necessary.

Nexium (Esomeprazole Magnesium) 20mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk section Page(s): 68-69.

Decision rationale: Proton pump inhibitors, such as Nexium are recommended when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Nexium when using NSAIDs. Furthermore, the only NSAID prescribed is diclofenac, which is not recommended for certification. The request for Nexium (Esomeprazole Magnesium) 20mg #30 with 3 refills is determined to not be medically necessary.