

Case Number:	CM14-0096562		
Date Assigned:	07/28/2014	Date of Injury:	08/17/2005
Decision Date:	09/29/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/24/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic bilateral elbow, bilateral wrist, bilateral hand, and bilateral finger pain reportedly associated with an industrial injury of August 17, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; topical agents; and transfer of care to and from various providers in various specialties. In a utilization review report dated June 19, 2014, the claims administrator approved a request for trazodone, approved a request for Cymbalta, and approved a request for a urine toxicology screen while partially certifying tramadol and Lyrica. The applicant's attorney subsequently appealed. In a June 5, 2014, progress note, the applicant reported persistent complaints of chronic knee pain, low back pain, and right upper extremity pain reportedly associated with chronic regional pain syndrome of the same. The applicant reported 7/10 pain with medications versus 0-1/10 pain without medications. The applicant was using tramadol extended release once daily, Lyrica 175 mg daily, and Cymbalta 60 mg daily. The attending provider stated that the applicant's medications were keeping the applicant functional, improving the applicant's mobility, and improving the applicant's ability to perform home exercises. The applicant was using tramadol, Lyrica, Desyrel, Cymbalta, aspirin, it was stated in another section of the report. The applicant was status post multiple shoulder arthroscopies, carpal tunnel release surgery, and cubital tunnel release surgery. The applicant was a retired former nurse, at age 57, it was suggested. Decreased strength and sensation were noted about the bilateral upper extremities. Multiple medications were refilled. The applicant was already permanent and stationary, it was acknowledged. In an earlier note dated March 13, 2014, the attending provider again posited ongoing usage of medications, including Lyrica, Cymbalta, trazodone, tramadol, etc., was diminishing the applicant's pain complaints from 7/10 without medications to 0-1/10 with

medications and was, furthermore, ameliorating the applicant's ability to move about and perform home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50 mg twice daily as needed #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant does not appear to have returned to work with permanent limitations in place, although this may be a function of age (57) and/or associated retirement as opposed to a function of the industrial injury. The applicant has reported appropriate diminution in pain levels from 7/10 to 0-1/10 with ongoing medication therapy and does report improved ability to perform home exercises, activities of daily living, move about, interact with family members, etc., with ongoing medication usage, including ongoing tramadol usage. Therefore, the request is medically necessary.

Lyrica 75mg capsules twice daily #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Pregabalin (Lyrica)FDA approval.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Topic Page(s): 99.

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, pregabalin or Lyrica is considered a "first-line treatment" for neuropathic pain, as is present here. The applicant has a variety of neuropathic pain complaints associated with chronic regional pain syndrome and lumbar radiculopathy, it appears. The attending provider has posited that ongoing usage of Lyrica has generated appropriate diminution in pain scores, improved the applicant's ability to perform home exercises, improved the applicant's ability to interact with family members, and improved the applicant's ability to ambulate. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.