

Case Number:	CM14-0139593		
Date Assigned:	09/05/2014	Date of Injury:	04/11/2008
Decision Date:	01/30/2015	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/28/2014

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 Rehab, has a subspecialty in Interventional spine, 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 patient is a 61-year-old female with date of injury of 04/11/2008. The listed diagnoses from 08/11/2014 are: 1. Pain in the joint of the shoulder. 2. Myalgia and myositis, not otherwise specified. 3. Arthropathy, NOS, of the shoulder. 4. Brachial neuritis or radiculitis, NOS. According to this report, the patient complains of neck, left upper extremity, and left shoulder pain. She rates her pain 4/10 and describes it as aching and burning that radiates to the left forearm and left hand. The patient also reports associated numbness and tingling sensations. She states that "medications are helping." With her current medication regimen, her pain symptoms are adequately managed. Examination shows the patient appears to be depressed. Cervical range of motion is restricted. Tenderness is noted in the paracervical muscles and trapezius. Tenderness to palpation is noted over the quadriceps tendon. Sensory examination is normal. Treatment reports from 11/18/2013 to 08/11/2014 were provided for review. The Utilization Review denied the request on 08/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective usage of Lyrica 75mg #90 x 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 19 and 20, 60.

Decision rationale: This patient presents with neck, left upper extremity, and left shoulder pain. The treater is requesting a prospective usage of Lyrica 75 mg, quantity #90 with 2 refills. The MTUS Guidelines page 19 and 20 on Lyrica states "has been documented to be effective for the treatment of diabetic neuropathy and postherpetic neuralgia. This medication also has an anti-anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder." MTUS, page 60, also states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient was prescribed Lyrica on 01/15/2014. The 06/16/2014 report notes that the patient's current pain is 6/10 in the neck and left shoulder. She states that, "medications are helping. She tolerates the medications well. With the current medication regimen, her pain symptoms are adequately managed." In this case, the treater has noted medication efficacy as it relates to the use of Lyrica. The request is medically necessary.

Prospective usage of Protonix 20mg #30 x 2 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-TWC)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 68 and 69.

Decision rationale: This patient presents with neck, left upper extremity, and left shoulder pain. The treater is requesting a prospective usage of Protonix 20 mg, quantity #30, x 2 refills. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The records show that the patient was prescribed Pantoprazole on 12/18/2013. The patient's current lists of medications include Ondansetron, Pantoprazole, Lyrica, Mirapex, Hydroxyzine HCL, and Zoloft. None of the reports mentioned gastrointestinal events or prescription of NSAIDs. In this case, MTUS does not support the routine use of PPIs without any discussions of gastrointestinal events or a GI risk assessment. The request is not medically necessary.