

Case Number:	CM14-0179363		
Date Assigned:	11/03/2014	Date of Injury:	11/15/2011
Decision Date:	03/30/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female, who sustained a work related injury on 11/15/11. The diagnoses have included right foot complex regional pain syndrome, chronic bilateral plantar fasciitis and left shoulder subacromial bursitis/rotator cuff tendonitis. Treatments to date have included oral medications including Lyrica, Celebrex and Omeprazole, failed interventions of epidural and lumbar sympathetic blocks, completion of a functional restoration program including physical therapy and psychological treatment. In the PR-2 dated 10/6/14, the injured worker complains of low back pain with severe pain in both legs. She has trouble walking. On 10/17/14, Utilization Review non-certified prescription requests for Lyrica cap 200mg., #30 with 60 refills, Celebrex cap 100mg., #30 with 60 refills and Omeprazole cap 20mg., #30. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica Cap 200mg day supply QTY: 30 with 60 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-20.

Decision rationale: Per the 10/06/15 report the patient presents with severe pain in the lower back and bilateral legs along with leg spasms and eye pain. The current request is for LYRICA CAP 200 mg DAY SUPPLY QTY: 30 WITH 60 REFILLS. The current RFA is not included. The 10/17/14 utilization review states the Rx date is 10/09/14 for Refills: 00. The reports do not state if the patient is working. MTUS pages 19-20 states that "Pregabalin (Lyrica) has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia." ODG, Pain Chapter, Pregabalin, state that this medication is "Recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain." The medication is indicated for the neuropathic pain present in this patient. The 11/03/14 report states that Lyrica provides some benefit for the patient's pain. The patient has been prescribed this medication since at least 05/29/14. In this case, as presented above this request is for 60 refills. The treating physician states on 10/06/14, "I will see her in follow up." However, there is no explanation why 60 refills of the medication are necessary. The request IS NOT medically necessary.

Celebrex Cap 100mg day supply: 30 QTY: 60 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: Per the 10/06/14 report the patient presents with severe pain in the lower back and bilateral legs along with leg spasms and eye pain. The current request is for CELEBREX CAP 100 mg DAY SUPPLY: 30 QTY 60 REFILLS. The current RFA is not included. The 10/17/14 utilization review states the Rx date is 10/09/14 for Refills: 00. The reports do not state if the patient is working. MTUS Anti-inflammatory medications page 22 state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." MTUS guidelines page 22 for Celebrex, state, "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." The treater states on 10/06/14 that the patient has failed trials of anti-inflammatories which she uses periodically and that Celebrex upsets the patient's stomach, but Advil does not. She has been prescribed this medication since at least 05/29/14. NSAIDs are indicated as a first line treatment for this patient's pain. However, the reports provided do not state whether or not this medication helps the patient. On the contrary, the report states the requested NSAID causes stomach upset over another NSAID. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. The request is not medically necessary.

Omeprazole Cap 20mg QTY: 30: Upheld

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

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

Decision rationale: Per the 10/06/ 15 report the patient presents with severe pain in the lower back and bilateral legs along with leg spasms and eye pain. The current request is for OMEPRAZOLE CAP 20 MG QTY:30. The current RFA is not included. The 10/17/14 utilization review states the Rx date is 10/09/14. The reports do not state if the patient is working. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. 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 patient is prescribed an NSAID and is documented with stomach upset secondary to NSAID use. However, the patient has been prescribed the medication since at least 05/29/14 and the treater does not state in the reports provided whether or not this medication helps the patient. Furthermore no GI assessment is provided as required by the MTUS. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. The request is not medically necessary.