

Case Number:	CM15-0102257		
Date Assigned:	06/04/2015	Date of Injury:	09/08/1999
Decision Date:	07/15/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/27/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 72-year-old who has filed a claim for chronic shoulder and low back pain reportedly associated with an industrial injury of September 8, 1999. In a Utilization Review report dated April 30, 2015, the claims administrator failed to approve a request for Lyrica and tramadol. The claims administrator did apparently issue partial approval of both of Lyrica and tramadol, while Limbrel was denied outright. An order form dated April 9, 2015 was referenced in the determination. In an order form dated April 9, 2015, Lyrica, Ultram, and Limbrel were endorsed, seemingly without much supporting rationale. On January 8, 2015, the applicant reported ongoing complaints of bilateral shoulder pain, left greater than right. Difficulty gripping, grasping, lifting, and reaching overhead were reported. The attending provider stated that the applicant's medications were beneficial but did not elaborate further. Limited shoulder range of motion to 120 degrees of flexion bilaterally was reported. Brand-name Lyrica and brand-name Ultram were endorsed, along with Limbrel. The applicant's permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75 mg #60 with 4 refills per 4/9/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines specific anti-epilepsy drugs: Pregabalin (Lyrica) Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Pain Mechanisms; Pregabalin (Lyrica) Page(s): 7; 99.

Decision rationale: No, the request for Lyrica (pregabalin), an anti-convulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is FDA approved in the treatment of diabetic neuropathy and post-herpetic neuralgia and, by analogy, can be employed for neuropathic pain condition in general, here, however, the applicant's presentation was not, in fact, suggestive of neuropathic pain, which, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines is characterized by numbing, tingling, lancinating, and/or burning like sensations, none of which were reported here. The applicant's progress note of January 8, 2015 was suggestive of ongoing issues of mechanical shoulder pain, exacerbated by lifting, reaching, gripping, and grasping. There was no mention of the applicant's having issues with burning pain, paresthesias, etc., evident on that date. The MTUS Guideline in ACOEM Chapter 3, page 47 further stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into its choice of recommendation in order to ensure proper usage and so as to manage expectations. Here, however, it was not clearly established for what issue, diagnosis, and/or purpose the applicant was in fact using Lyrica, an anti-convulsant adjuvant medication. Therefore, the request was not medically necessary.

Ultram ER 200 mg #60 with 4 refills per 4/9/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 93-94, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines 7) When to Continue Opioids; Functional Restoration Approach to Chronic Pain Management Page(s): 80; 7.

Decision rationale: Similarly, the request for Ultram (tramadol), a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. 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. Here, however, the applicant's work status was not clearly outlined on either the January 8, 2015 office visit or the April 9, 2015 order form at issue. It did not appear, however, that the applicant was working. While the attending provider stated that the applicant's medications were beneficial, these reports were not, however, quantified and were outweighed by the attending provider's failure to outline the applicant's work status and the attending provider's reports that the applicant was having continued difficulty to perform activities of daily living as basic as lifting, carrying, pushing, pulling, gripping,

grasping, and the like. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines also stipulate that an attending provider should incorporate some discussion of "cost" into its choice of recommendations. Here, the attending provider did not explicitly state or provide a compelling rationale to support provision of brand-named Ultram in favor of a generic equivalent. Therefore, the request was not medically necessary.

Limbrel 500 mg #60 with 4 refills per 4/9/15 order: 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, limbrel (flavocoxid).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Page 926.

Decision rationale: Finally, the request for Limbrel, a dietary supplement, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of dietary supplements. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes on page 926 that complementary and alternative treatments including dietary supplements are "not recommended" for treatment of chronic pain conditions, as there is no evidence of their efficacy. Here, the attending provider failed to furnish a compelling applicant-specific rationale and/or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.