

Case Number:	CM15-0103608		
Date Assigned:	06/08/2015	Date of Injury:	11/03/2013
Decision Date:	07/07/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/29/2015

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: 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 injured worker is a 37-year-old female, who sustained an industrial injury on November 3, 2013. The injury occurred while the injured worker was cutting tomatoes with an industrial cutter and sustained a laceration to the left hand. The injured worker has been treated for neck and left shoulder complaints and a left hand laceration. The diagnoses have included a contusion of the thumb, left elbow pain, left lateral and medial epicondylitis, left De Quervain's tenosynovitis and disorders of bursae and tendons in the shoulder region unspecified. Treatment to date has included medications, radiological studies, cortisone injections, massage treatments, physical therapy, a home exercise program and left elbow surgery. Current documentation dated April 29, 2015 notes that the injured worker reported constant severe pain in the head, neck and left elbow, wrist and hand. Associated symptoms included weakness, numbness and tingling in the left arm. Examination of the cervical spine revealed tenderness to palpation over the left superior trapezius muscles and a full range of motion. Examination of the left shoulder revealed tenderness to palpation of the anterior and posterior aspect of the shoulder and numbness and tingling down the whole arm to the thumb. A Hawkin's test was negative bilaterally. The treating physician's plan of care included a request for the medications Lyrica 50 mg # 60 and Omeprazole 20 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Section 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. The injured worker does appear to have neuropathic pain based on the clinical reports. She was taking gabapentin for neuropathic pain but her pain levels were not well controlled, nor was there an increase in function. A trial of Lyrica is appropriate in this case; therefore, the request for Lyrica 50mg #60 is medically necessary.

Omeprazole 20mg #60: Upheld

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

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 omeprazole are recommended by the MTUS Guidelines 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 omeprazole since discontinuing the use of NSAIDs. The injured worker no longer takes NSAIDs. The request for Omeprazole 20mg #60 is not medically necessary.