MAXIMUS Federal Services

Case Number:	CM15-0107072		
Date Assigned:	06/11/2015	Date of Injury:	07/14/2003
Decision Date:	07/13/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/03/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 60-year-old female, with a reported date of injury of 07/14/2003.The diagnoses include bilateral carpal tunnel syndrome, status post bilateral carpal tunnel release, bilateral De Quervain's, status post bilateral first dorsal compartment releases, bilateral trigger finger, and bilateral peripheral neuropathy mononeuritis multiplex. Treatments to date have included occupational therapy, oral medications, injections, x-rays of the right wrist/hand, and nerve testing. The medical report dated 05/13/2015 indicates that the injured worker complained of unmanageable hand pain, and a trigger right index finger and left ring finger. It was noted that the medications were creating indigestion. He was provided with Prilosec for the symptoms. It was noted that the medications were indicated for functional restoration and to help with pain control. It was also noted that the medications were well tolerated with no allergies or side effects. There was no documentation of objective findings. There was no documentation of pain ratings, increased pain relief, or increased functionality. The treating physician requested Lyrica 50mg #30, Tramadol 50mg #60, and Naproxen 550mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Lyrica 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (pregabalin). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic): Pregablin (Lyrica).

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

Decision rationale: According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant does have diabetes but the Lyrica had been used for months with no recent indication of therapeutic response. A diagnosis of diabetic neuropathy was not noted. The use of Lyrica was not substantiated and therefore not medically necessary.

One (1) prescription of Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had been on Tramadol for several months. Pain scores were not routinely documented. Failure of NSAIDS or a weaning failure were noted. The continued and chronic use of Tramadol is not justified and not medically necessary.

One (1) prescription of Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Motrin for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Motrin is not medically necessary. According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over 6 months in combination with

Tramadol. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Pain score response to Naproxen use was not noted. Continued use of Naproxen is not medically necessary.