

Case Number:	CM15-0132067		
Date Assigned:	07/20/2015	Date of Injury:	09/08/1999
Decision Date:	08/21/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/08/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 72 year old female, who sustained an industrial injury on 9/8/1999. The mechanism of injury is not indicated. The injured worker was diagnosed as having chronic shoulder pain left greater than right, status post multiple shoulder surgeries, cervical disc disease, and repetitive strain injuries. Treatment to date has included multiple shoulder surgeries, medications, physical therapy, and x-ray of the lumbar spine (1/8/2015). The request is for Lyrica, Ultram ER, and Limbrel. On 1/8/2015, she complained of left shoulder pain with difficulty moving and pain in overhead, repetitive, weighted activity. Scars are noted over the left shoulder. On 4/9/2015, she is reported to continue improvement with medications and physical therapy. She complained of left shoulder pain. Physical findings revealed neuro-circulatory status intact, subacromial impingement, and tenderness of the left shoulder. The treatment plan included: Lyrica, Ultram ER, and Limbrel. On 5/29/2015, she reported that her overall symptoms were stable. The report stated she had extensive history of multiple shoulder decompressions, cervical disc disease, and repetitive strains. Objective findings revealed were right shoulder negative impingement. The treatment plan included: Lyrica, Ultram ER, and Limbrel. The medications were indicated to maintain her current level of functioning as well as performing activities of daily living. Her current level of functioning and activities of daily living are not described further. Her work status remains permanent and stationary with restrictions. She is noted to be retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica); Anti-epilepsy drugs (AEDs) Page(s): 99, 16-22.

Decision rationale: According to California MTUS Guidelines, anti-epilepsy medications are a first-line treatment for neuropathic pain. Lyrica is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of other neuropathic pain. A "good" response to therapy with this medication is described as a 50% reduction in complaints of neuropathic pain. In this case, this patient has chronic shoulder and neck pain without documentation of neuropathic pain. Lyrica has been used in the past however; there is no documentation that guidelines have been met. Medical necessity for the requested medication has not been established. The requested item is not medically necessary.

Ultram ER 200mg #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids use for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 93-96.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there has been no documentation of the medication's analgesic effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Limbrel 500mg #60 with 4 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) Treatment in Workers Compensation, Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Medical foods and Other Medical Treatment Guidelines www.Limbrel.com.

Decision rationale: Limbrel contains flavocoxid, a proprietary blend of natural ingredients from phytochemical food source materials. Flavocoxid is composed primarily of the flavonoids such as baicalin and catechin. Clinical studies have shown Limbrel to be effective in managing nutritional needs of osteoarthritis. There is no specific indication for the use of this medication. Medical necessity for the requested item has not been established. The requested supplement is not medically necessary.