

<b>Case Number:</b>	CM15-0136228		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	06/27/2014
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 53 year old female, who sustained an industrial injury on 6/27/14. Initial complaint was of her left shoulder and neck. The injured worker was diagnosed as having cervicobrachial syndrome; chronic myofascial pain syndrome; sciatica; rotator cuff syndrome, bursitis; bicipital tenosynovitis. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 4/16/15 indicated the injured worker complains of tightness on her left shoulder and neck. She rates her pain as worst last week 10/10 and best last week 6/10. Her pain is constant, lasting throughout the day and is exacerbated by everything and not relieved by anything. Associated symptoms include numbness and tingling and weakness. Her medications are listed by the provider as Tizanidine HCL 4mg twice daily and Lyrica 150mg twice daily. Physical examination is documented as neck, back and extremities with no warmth over the joints or erythema or crepitus. She has no tenderness to palpation of the trigger points in the upper trapezius, mid-trapezius, sternocleidomastoid or splenius capitis bilaterally. There is a 3cm x3cm bulge noted over the trapezius muscle. Her range of motion for the shoulders is limited by pain and has paresthesias to light touch in digits 1-2 on the left. She has a negative cervical spine Spurling's test and the left shoulder is positive for the apprehension test, Adson's and Speed's test. The provider is requesting authorization of Lyrica 150mg #60 two refills; Ativan 1mg #3; Cymbalta 20mg #30 and Naproxen 500mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 150mg #60 x 2: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anticonvulsant.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that anticonvulsant medications can be utilized for the treatment of neuropathic and chronic pain syndrome. The records indicate that the patient is utilizing Lyrica for chronic pain syndrome and myofascial pain. There is documentation of efficacy and functional restoration with utilization of Lyrica. The patient did not report any adverse medication effect. The criteria for the use of Lyrica 150mg #60 2 refill was met. The request is medically necessary.

**Ativan 1mg #3: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that the utilization of benzodiazepines be limited to short term period in chronic pain patients who are utilizing other sedative medications. The chronic use of benzodiazepines can be associated with the development of tolerance, dependency, addiction, daytime somnolence, sedation and adverse interaction with sedatives. The guidelines recommend that antidepressants with analgesic and anxiolytic actions such as Cymbalta be utilized for long term treatment in chronic pain patients with co-existing psychosomatic disorders. The criteria for the use of Ativan 1mg #3 was not met. The request is not medically necessary.

**Cymbalta 20mg #30: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anticonvulsant.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that antidepressant medications can be utilized for the treatment of depression, neuropathic pain and chronic pain syndrome. The records indicate that the patient had subjective and objective findings consistent with neuropathic pain and psychosomatic symptoms. There is documentation of medication efficacy and functional restoration. The criteria for the use of Cymbalta 20mg #30 was met. The request is medically necessary.

**Naproxen 500mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of neuropathic pain. The chronic utilization of NSAIDs can be associated with the risk of renal, cardiac and gastrointestinal complications. There is documentation of medication efficacy and functional restoration. There is no reported adverse medication effect. The criteria for the use of Naproxen 500mg #60 was met. The request is medically necessary.