

Case Number:	CM15-0138456		
Date Assigned:	08/03/2015	Date of Injury:	05/16/2008
Decision Date:	09/24/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/16/2015

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, Michigan

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 39 year old, male who sustained a work related injury on 5-16-08. He had a massive heart attack while working his normal duties. He had just moved two air conditioning compressor conduction units on his own into his work pickup truck. The units weighed between 300 to 400 pounds each. The diagnoses have included hip degenerative joint disease, right greater trochanter bursitis, gastritis, history of myocardial infarction with atrial fibrillation, anxiety and depression. Treatments have included aqua-pool therapy, oral medications, medicated topical creams, hip injections and physical therapy. In the Primary Treating Physician's Pain Management Evaluation dated 6-29-15, the injured worker reports he is experiencing dull and achy pain. No other new symptoms reported. Overall, he states he feels a bit better. He rates his pain level a 7 out of 10 with medications and an 8 out of 10 without medications. He states medications do help. He states he is not sleeping well. On physical exam, he has tenderness to palpation over the right greater trochanteric bursa. Patrick's test noted to be positive on the right side into the inguinal region. Sensation is decreased to light touch in the right thigh. Strength is within normal limits. He is not working. The treatment plan includes refills of medications and for a urine toxicology test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Lyrica, Pregabalin Page(s): 16-22, 58, 99.

Decision rationale: Per the CA MTUS guidelines, "Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia." "Recommended for neuropathic pain (pain due to nerve damage)." "There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy." The response is considered "good" if antiepilepsy drug (AEDs) yields a 50% reduction in pain. A "moderate" response is defined as a 30% reduction in pain. "AEDs are recommended on a trial basis (gabapentin/pregabalin) as a first-line therapy for painful polyneuropathy (with diabetic polyneuropathy being the most common example)." He has been taking this medication for a minimum of 3 months. There is insufficient documentation of any complaints of neuropathy symptoms, a decrease in his pain or any improvement in his functional capabilities. Since there has been no changes in pain levels or no documented changes in functional capabilities, the requested treatment of Lyrica is not medically necessary.

Celebrex: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex, NSAIDS Page(s): 30, 67-72.

Decision rationale: Per CA MTUS guidelines, "Celebrex is the brandname for celecoxib, and it is produced by Pfizer. Celecoxib is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor." Used in the treatment of symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylitis. They are recommended for osteoarthritis pain and chronic back pain for short-term symptomatic pain relief. "evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." Clients who take NSAIDS run the risk of developing gastrointestinal or cardiovascular events. He has been taking Celebrex for a minimum of 3 months. There are no major changes in pain levels documented, no documentation noted that this medication is easing his pain or documentation to note if it is improving his functional capabilities. Therefore, the request for Celebrex is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 78.

Decision rationale: Per CA MTUS guidelines, urinalysis is used as a way of drug testing. "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." He is taking Norco. The most recent urine drug screen was done on 5-20-15. It was positive for opiates and benzodiazepines. He is not showing any signs of medication abuse or side effects. Therefore, the requested treatment of a urine drug screen is not medically necessary.

Omeprazole: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-72.

Decision rationale: Per CA MTUS guidelines, Omeprazole (Prilosec) is a proton pump inhibitor used for gastrointestinal issues due to taking non-steroidal anti-inflammatory medications or opioids. She has no risk factors such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). He does not have any gastrointestinal complaints. He does not have any of the risk factors listed to support use of this medication. Therefore, the requested treatment of Omeprazole is not medically necessary.