

Case Number:	CM15-0147594		
Date Assigned:	08/10/2015	Date of Injury:	11/03/2011
Decision Date:	09/04/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/29/2015

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: 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 54 year old female, who sustained an industrial injury on 11-3-11. The diagnoses have included cervical pain, cervical radiculopathy, shoulder pain and low back pain. Treatment to date has included medications, diagnostics, activity modifications, physical therapy, acupuncture, massage therapy, Transcutaneous electrical nerve stimulation (TENS), currently, as per the physician progress note dated 7-9-15, the injured worker complains of neck and bilateral upper extremity pain. The pain with medications is rated 5 out of 10 on the pain scale and the pain without medications is rated 10 out of 10. The quality of sleep is also poor. The current pain medications included Voltaren gel, Ultram, Ambien, Protonix, Motrin, Gabapentin, and Zolof. There is no previous urine drug screen reports noted in the records. The objective findings reveal that she ambulates without the use of a device. The cervical range of motion is restricted due to pain. There is tenderness and tight muscle band noted on the right side, Spurling's maneuver causes pain in the neck and there is trigger points with twitch response noted in the trapezius muscles bilaterally. There is tenderness in the cervical spine and trapezius. The right shoulder movements are restricted with range of motion. There is positive Hawkins, empty cans test, and lift off test. There is tenderness noted in the acromioclavicular joint (AC). The physician requested treatments included Lyrica 25mg, qty. 60 for neuropathic pain and Vimovo DR 500- 20mg, qty. 60 for anti-inflammatory pain control and stomach protection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 25mg, qty. 60: Upheld

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

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 has neither diagnoses. The claimant had been on Lyrica along with other analgesics. The prior month, the claimant was on Gabapentin. There is no indication that Lyrica is superior to Gabapentin for the claimant's diagnoses. The Lyrica is not medically necessary.

Vimovo DR 500-20mg, qty. 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary Online Version last updated 06/15/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID/PPI Page(s): 67-68.

Decision rationale: Vimovo contains an NSAID and a PPI. 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 a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant required the use of a combination PPI with the NSAID. A proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant had been on Motrin and Protonix the month prior which is the same as Vimovo. There is no indication that Vimovo is superior and there is no indication for the need of the medications if Protonix is needed for protection rather than using Tylenol. In addition, the claimant was on opioids as well. The request for Vimovo is not medically necessary.