

Case Number:	CM15-0187659		
Date Assigned:	10/01/2015	Date of Injury:	08/29/2011
Decision Date:	11/09/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 47 year old male, who sustained an industrial injury on 08-29-2011. He has reported injury to the neck and low back. The diagnoses have included lumbar sprain; lumbar-lumbosacral disc degeneration; lumbar radiculopathy; cervicotrapezial strain; and chronic pain. Treatment to date has included medications, diagnostics, physical therapy, injections, and lumbar epidural steroid injections. Medications have included Norco, Anaprox, Lyrica, Doxepin, and Pantoprazole. A progress report from the treating provider, dated 08-10-2015, documented an evaluation with the injured worker. The injured worker reported neck pain that radiates down the left upper extremity; low back pain which is constant; the low back pain radiates down the bilateral lower extremities and bilateral feet; the pain is rated at 8-9 out of 10 in intensity with medications; the pain is rated at 9-10 out of 10 without medications; the pain is reported as worsened since his last visit; the pain is accompanied by frequent numbness in the left lower extremity to the level of the toes and muscle weakness occasionally in the bilateral lower extremities; the pain is described as burning and severe; frequent muscle spasms in the low back bilaterally; there is presence of bladder dysfunction, difficult urination; and there is insomnia associated with ongoing pain. It is noted that the injured worker reported good (50-80%) overall improvement with the lumbar epidural steroid injection, left L5-S1, dated 09-02-2014. Objective findings included he is observed to be in moderate distress; tenderness was noted upon palpation in the bilateral paravertebral area L4-S1 levels; decreased lumbar spine range of motion due to pain; pain was significantly increased with flexion and extension; decreased sensitivity to touch along the L5-S1 dermatome in the left lower extremity; motor

exam shows decreased strength of the extensor muscles in the left lower extremity; straight leg raise was positive on the left for radicular pain; and the urine drug screen, dated 06-15-2015, showed no inconsistency when compared to prescribed medications. The treatment plan has included the request for Pantoprazole 20 mg quantity 30; and Lyrica 75 mg quantity 30 with 1 refill. The original utilization review, dated 08-26-2015, non-certified the request for Pantoprazole 20 mg quantity 30; and modified the request for Lyrica 75 mg quantity 30 with 1 refill, to Lyrica 75 mg quantity 30 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation ODG Workers Compensation Drug Formulary.

Decision rationale: The claimant sustained a work injury in August 2011 when, while unloading a truck, boxes fell onto his upper back and shoulder and he sustained a twisting injury to his back, neck, and left shoulder. When seen, he was having neck pain radiating into the left upper extremity and low back pain radiating into both lower extremities with frequent numbness. Pain was rated at 8-9/10 with medications and 9/10 without medications. Physical examination findings included appearing in moderate distress. There was decreased and painful lumbar spine range of motion with tenderness. There was decreased lower extremity strength and sensation. Straight leg raising was positive on that left side. A Toradol injection was administered. Medications were refilled. Norco, Lyrica, doxepin, and Pantoprazole were being prescribed. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. Pantoprazole is not a first line medication. Continued prescribing is not considered medically necessary.

Lyrica 75 mg Qty 30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The claimant sustained a work injury in August 2011 when, while unloading a truck, boxes fell onto his upper back and shoulder and he sustained a twisting injury to his back, neck, and left shoulder. When seen, he was having neck pain radiating into the left upper extremity and low back pain radiating into both lower extremities with frequent

numbness. Pain was rated at 8-9/10 with medications and 9/10 without medications. Physical examination findings included appearing in moderate distress. There was decreased and painful lumbar spine range of motion with tenderness. There was decreased lower extremity strength and sensation. Straight leg raising was positive on that left side. A Toradol injection was administered. Medications were refilled. Norco, Lyrica, doxepin, and Pantoprazole were being prescribed. Antiepilepsy drugs such as Lyrica are recommended for neuropathic pain. Initial dosing of Lyrica is 50 mg three times per day with a maximum dose of up to 600 mg per day. After initiation of treatment there should be documentation of pain relief and improvement in function. In this case, there is no apparent improvement with this medication dose. Ongoing prescribing at this dose is not medically necessary.