

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0188339 | | |
| Date Assigned: | 09/30/2015 | Date of Injury: | 07/19/1995 |
| Decision Date: | 11/09/2015 | UR Denial Date: | 08/24/2015 |
| Priority: | Standard | Application Received: | 09/24/2015 |

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 58 year old female, who sustained an industrial injury on 07-19-1995. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for gastroesophageal reflux disease (GERD), right carpal tunnel syndrome, cervical radiculopathy, cervical spondylosis, chronic pain, lumbar radiculopathy, cervical degenerative disc disease, and lumbar spondylosis. Medical records (04-27-2015) indicate ongoing neck pain, upper back pain, low back pain, left shoulder, elbow, wrist and hand pain, and right wrist and hand pain. Pain levels were not mentioned; however, the pain was reported to be mild, constant, aching, throbbing, burning and stinging and relieved by heat. Pain was also reported to radiate to the shoulders, upper arms, elbows, wrists and hands. Associated symptoms included muscle weakness, and numbness and tingling. Records states "activity improved with medications: yes", and then followed by the statement "patient has decreased in their activity level". Per the treating physician's progress report (PR), the IW was not working. The physical exam, dated 04-27-2015, revealed tenderness to palpation and spasms in the cervical spine, moderate tenderness in the medial low back and over the spinal column with spasms, and localized tenderness about the anterior, lateral and medial aspects of the right knee. Relevant treatments have included lumbar laminectomy, left carpal tunnel release, cervical discectomy, a transforaminal lumbar interbody fusion, work restrictions, and medications. Current medications include Tizanidine and klonopin. The request for authorization (08-14-2015) shows that the following medications were requested: omeprazole DR 20mg (one twice daily) #30 and Lyrica 50mg #30 (once daily). The original utilization review (08-24-2015) non-certified the requests for omeprazole DR 20mg #30 and

Lyrica 50mg #30. According to the utilization review letter, the only medical records received for their review included a PR dated 04-27-2015, electrodiagnostic study results dated 08-19-2010, PR dated 09-26-2013 and 01-23-2014, referral dated 11-01-2013 and 01-28-2014, and a request for authorization dated 08/14/2015. There were no new or additional medical records submitted for our review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg delayed release 1 capsule twice a day quantity 60: 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 rationale: The claimant has a remote history of a work injury in July 1995 and is being treated for joint pain affecting the neck, upper and lower back, and upper extremities. There is a history of left carpal tunnel surgery in January 2014 and cervical spine and lumbar spine surgeries in March 2012 and January 2011. When seen, physical examination findings included a body mass index over 36. There was spinal tenderness with muscle spasms. There was knee tenderness. In August 2015, Lidoderm, omeprazole, Klonopin, Cymbalta, and Lyrica were 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, the duration and response of treatment is not documented. The dose is not consistent with that recommended for neuropathic pain. The request is not medically necessary.

Lyrica 50mg one capsule daily quantity 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): Antiepilepsy drugs (AEDs).

Decision rationale: The claimant has a remote history of a work injury in July 1995 and is being treated for joint pain affecting the neck, upper and lower back, and upper extremities. There is a history of left carpal tunnel surgery in January 2014 and cervical spine and lumbar spine surgeries in March 2012 and January 2011. When seen, physical examination findings included a body mass index over 36. There was spinal tenderness with muscle spasms. There was knee tenderness. In August 2015, Lidoderm, omeprazole, Klonopin, Cymbalta, and Lyrica were 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. The prescribing of omeprazole is not considered medically necessary. 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, the duration and response of treatment is not documented. The dose is not consistent with that recommended for neuropathic pain. The request is not medically necessary.