

Case Number:	CM15-0189519		
Date Assigned:	10/01/2015	Date of Injury:	11/15/2013
Decision Date:	11/10/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/25/2015

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: North Carolina, Georgia
 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:

This is a 49-year-old male with a date of injury of November 15, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder pain, left shoulder sprain and strain, and cervical disc bulging. Medical records dated June 24, 2015 indicate that the injured worker complained of pain that was unchanged. A progress note dated July 30, 2015 documented complaints of pain in the left shoulder that radiates down to the hands with numbness and tingling, and neck pain. The physical exam dated June 24, 2015 reveals straight leg raise positive for lower back pain, positive Patrick's test on the right, positive facet loading bilaterally, positive Spurling's test, decreased sensation to light touch in the left foot, ankle, and bilateral hands, weakness in the bilateral grip, biceps, triceps, right hip flexor, right knee extension, and bilateral dorsiflexors, tenderness to palpation over the cervical paraspinals, upper trapezius, scapular border, lumbar paraspinals, sacroiliac joint region, and greater trochanteric bursa right greater than left, tenderness to palpation in the left shoulder, positive cross-arm and Hawkins test, and tenderness to palpation in the bicipital tendon. The progress note dated July 30, 2015 documented a physical examination that showed tenderness to palpation of the cervical spine, tenderness about the trapezius muscles anteriorly and posteriorly, and pain with Neer and Hawkins impingement signs. Treatment has included magnetic resonance imaging of the left shoulder that was "Relatively unremarkable", and medications (Lyrica 50mg at bedtime as of June of 2015; history of Naproxen and Gabapentin). The original utilization review (August 27, 2015) non-certified a request for Lyrica 50mg #30 and Omeprazole 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg #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 CA MTUS Guidelines state that there is insufficient evidence to argue for or against use of antiepileptic drugs in low back pain. Antiepileptic drugs are used first line for neuropathic pain. Lyrica has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. The medical record does not document any substantial reduction in pain or improvement in function with use of medication and therefore ongoing use of Lyrica is not medically necessary.

Omeprazole 20mg #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 rationale: The CA MTUS Guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastrointestinal events. In this case, the medical record does not document ongoing use of the NSAID omeprazole. Therefore, the request is not medically necessary.