

Case Number:	CM15-0190490		
Date Assigned:	10/02/2015	Date of Injury:	04/05/2013
Decision Date:	11/10/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/28/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old male injured worker suffered an industrial injury on 4-5-2013. The diagnoses included sprains and strains of the sacroiliac ligament. On 7-1-2015 the provider noted headaches with muscle spasticity of the cervical, thoracic and lumbar spine with reduced range of motion to the cervical and lumbar spine. The pain was rated 4 out of 10 with medication. On 9-8-2015 the treating provider reported back pain that was rated 6 out of 10 at worst and at best was 4 out of 10 and the average over the past week was 5 out of 10. On exam there were trigger points in the upper, mid and lower trapezius, rhomboid and upper latissimus bilaterally. The Adson and Speed test were positive. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications, no evidence of functional improvement with treatment and no aberrant risk assessment. Prior treatment included physical therapy, home exercise program and medication Request for Authorization date was 9-11-2015. The Utilization Review on 9-21-2015 determined non-certification for Retro Omeprazole 20 mg #60 with 2 refills dispensed on 9/8/2015 and Retro Lyrica 50 mg #60 with 2 refills dispensed on 9/8/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Omeprazole 20 mg #60 with 2 refills dispensed on 9/8/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Proton pump inhibitor (PPI) medication is for treatment of the problems associated with active gastric ulcers, erosive esophagitis, Barrett's esophagitis, or in patients with pathologic hypersecretion diseases. Although preventive treatment is effective for the mentioned diagnosis, studies suggest; however, nearly half of PPI prescriptions are used for unapproved or no indications. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for PPI namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Long term use of PPIs have potential increased risks of B12 deficiency; iron deficiency; hypomagnesemia; susceptibility to pneumonia, enteric infections, fractures, hypergastrinemia and cancer, and cardiovascular effects of myocardial infarction (MI). In the elderly, studies have demonstrated increased risk for Clostridium difficile infection, bone loss, and fractures from long-term use of PPIs. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any identified history of acute GI bleeding, active ulcers, or confirmed specific GI diagnosis criteria to warrant this medication. The Retro Omeprazole 20 mg #60 with 2 refills dispensed on 9/8/2015 is not medically necessary and appropriate.

Retro Lyrica 50 mg #60 with 2 refills dispensed on 9/8/2015: Upheld

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

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

Decision rationale: 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. This anti-epileptic medication may be helpful in the treatment of radiculopathy and would be indicated if there is documented significant benefit. It appears the medication has been prescribed for quite some time; however, there is no documented functional improvement as the patient continues with constant severe significant pain level and remains functionally unchanged for this chronic 2013 injury. Submitted medical report has not adequately demonstrated indication and functional benefit to continue ongoing treatment with this anti-epileptic. The Retro Lyrica 50 mg #60 with 2 refills dispensed on 9/8/2015 is not medically necessary and appropriate.