

Case Number:	CM15-0196674		
Date Assigned:	10/12/2015	Date of Injury:	05/10/2005
Decision Date:	11/18/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	10/06/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 5-10-05. The injured worker has complaints of neck pain, right shoulder pain, right elbow pain and bilateral hand pain described as aching, throbbing, pins and needles, burning and electric. The injured workers pain level has remained unchanged since last visit. The injured worker rates her pain as 7 on a scale of 1 to 10 with no reports of any changes in location of pain. The documentation noted pain score without pain medications the score was 8 out of 10 and with medications it was 4 out of 10. Toxicology screen was within normal limits of the medications being prescribed. There is tenderness to palpation on her cervical paraspinous muscles. The diagnoses have included pain knee; pain in joint lower leg; chronic pain syndrome and cervicalgia. Treatment to date has included home exercise program; pacing; breathing and relaxation; ice and heat; Lyrica; ibuprofen; ranitidine; Lidoderm patches; Cymbalta and right knee brace. The original utilization review (8-28-15) non-certified the request for retrospective Lyrica 300mg #60 (date of service 6-24-15) and retrospective ibuprofen 800mg #60 (date of service 6-24-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lyrica 300mg #60 (DOS: 6/24/15): Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), page 16 of 127. This claimant was injured in 2005 now 10 years ago. The injured worker has complaints of neck pain, right shoulder pain, right elbow pain and bilateral hand pain described as aching, throbbing, pins and needles, burning and electric. The injured workers pain level has remained unchanged since last visit. The documentation noted pain score without pain medications the score was 8 out of 10 and with medications it was 4 out of 10. Objective, functional benefit out of the regiment is not noted. Regarding Lyrica, the MTUS notes that these medicines are recommended for neuropathic pain (pain due to nerve damage). (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007). The MTUS further notes that most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). I did not see that this claimant had these conditions for which the medicine is effective. The request is not medically necessary.

Retrospective Ibuprofen 800mg #60 (DOS: 6/24/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Chronic Pain Medical Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26, page 60 and 67 of 127. This claimant was injured in 2005 now 10 years ago. The injured worker has complaints of neck pain, right shoulder pain, right elbow pain and bilateral hand pain described as aching, throbbing, pins and needles, burning and electric. The injured workers pain level has remained unchanged since last visit. The documentation noted pain score without pain medications the score was 8 out of 10 and with medications it was 4 out of 10. Objective, functional benefit out of the regiment is not noted. The MTUS recommends NSAID medications such as prescription Ibuprofen are appropriate for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is not medically necessary.