

Case Number:	CM15-0203567		
Date Assigned:	10/20/2015	Date of Injury:	06/22/2009
Decision Date:	12/01/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/16/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This injured worker is a 50-year-old male, who sustained an industrial injury on 06-22-2009. The injured worker was diagnosed as low back pain, a component of neuropathic burning pain in legs, cervical sprain-strain with severe spondylosis, left knee sprain-strain, history of left shoulder girdle sprain-strain with tendinopathy. On medical records dated 05-06-2015 and 06-03-2015, the subjective complaints were noted as severe back pain that radiates down legs, right knee pain, neck and upper extremity pain in shoulder and arms. Pain was rated at 8-9 out of 10 during visits, noted as 4 out of 10 with medication and 10 out of 10 without medication. Medication was noted to reduce pain by 50% and a 50% improvement in activities of daily living was noted as well. Objective findings were noted as back spasm in the lumbar trunk. In addition, decreased ranges of motion with a sensory loss in the left lateral calf and bottom of foot to light touch and pinprick was noted. Left shoulder exam was revealed limited range of motion in all planes, crepitus on circumduction passively a with positive impingement sign. Bilateral knee exam revealed crepitus on passive range of motion. McMurray's sign was positive on the right knee and with audible click. Patella compression was painful in both knees. Neck had a limited range on all planes. Treatment to date included medication. Current medications were listed as Norco, Relafen, Nexium, and Lyrica. The Utilization Review (UR) was dated 09-15-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for Relafen 500mg #60 and MRI left shoulder was non-certified and Lyrica 200mg #30 was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 500 MG #60: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Relafen 500 mg #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are low back pain; neuropathic burning pain lower extremities; cervical sprain strain with severe spondylosis; left knee sprain strain; history left shoulder girdle sprain strain with tendinopathy; history of rotator cuff tendinitis bilateral shoulders. Date of injury is June 22, 2009. Request for authorization is September 4, 2015. According to a May 6, 2015 progress note, medications included Relafen, Gralise, Norco and Nexium. According to the most recent progress note in the medical record dated June 3, 2015, Gralise was discontinued and Lyrica was prescribed. Subjective complaints include low back pain with radiation to the legs. There is knee pain and neck pain that radiates to the upper extremities. Objectively there is spasm in the lumbar trunk with decreased range of motion. Shoulder examination is notable for crepitus with decreased range of motion in all planes. An MRI of the shoulder was performed January 2010. The start date for Relafen is not specified in the medical record. There is no documentation demonstrating objective functional improvement. The earliest progress note documentation for Relafen is May 6, 2015. There is no documentation of attempted Relafen weaning. The guidelines recommend the lowest dose for the shortest period. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no start date for documentation demonstrating objective functional improvement to support ongoing Relafen, Relafen 500 mg #60 is not medically necessary.

Lyrica 200 MG #30: 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): Pregabalin (Lyrica). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antiepilepsy drugs (AEDs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Lyrica 200mg #30 is not medically necessary. Lyrica is recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain. Lyrica is an AED effective in diabetic neuropathy and postherpetic neuralgia. Lyrica is associated with a modest increase in the number of patients experiencing meaningful pain reduction. In this case, the injured worker's working diagnoses are low back pain; neuropathic burning pain lower extremities; cervical sprain strain with severe spondylosis; left knee sprain strain; history left shoulder girdle sprain strain with tendinopathy; history of rotator cuff tendinitis bilateral shoulders. Date of injury is June 22, 2009. Request for authorization is September 4, 2015. According to a May 6, 2015 progress note, medications included Relafen, Gralise, Norco and Nexium. According to the most recent progress note in the medical record dated June 3, 2015, Gralise was discontinued and Lyrica was prescribed. Subjective complaints include low back pain with radiation to the legs. There is knee pain and neck pain that radiates to the upper extremities. Objectively there is spasm in the lumbar trunk with decreased range of motion. Shoulder examination is notable for crepitus with decreased range of motion in all planes. An MRI of the shoulder was performed January 2010. The start date for Gralise (an extended release Lyrica not recommended by the guidelines) is not specified in the medical record. Lyrica was prescribed June 3, 2015. There is no documentation demonstrating objective functional improvement with Gralise. Electrodiagnostic studies were performed that were normal. There is no objective evidence of radiculopathy on physical examination. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement with Lyrica ER (Gralise), no documentation with a start date and no symptomatic improvement in neuropathic symptoms, Lyrica 200mg #30 is not medically necessary.

MRI Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI left shoulder is not medically necessary. MRI and arthrography have similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The indications for magnetic resonance imaging are rated in the Official Disability Guidelines. They include, but are not limited to, acute shoulder trauma, suspect rotator cuff tear/impingement, over the age of 40, normal plain radiographs; subacute shoulder pain, suspect instability/labral tear; repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. In this case, the injured worker's working diagnoses are low back pain; neuropathic burning pain lower extremities; cervical sprain strain with severe spondylosis; left knee sprain strain; history left shoulder girdle sprain strain with tendinopathy; history of rotator cuff tendinitis bilateral shoulders. Date of injury is June 22, 2009. Request for authorization is September 4, 2015. According to a May 6, 2015 progress note, medications included Relafen, Gralise, Norco and Nexium. According to the most recent progress note in

the medical record dated June 3, 2015, Galise was discontinued and Lyrica was prescribed. Subjective complaints include low back pain with radiation to the legs. There is knee pain and neck pain that radiates to the upper extremities. Objectively there is spasm in the lumbar trunk with decreased range of motion. Shoulder examination is notable for crepitus with decreased range of motion in all planes. An MRI of the left shoulder was performed January 2010. There were no hardcopy results of the MRI of the left shoulder. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. There is no documentation of a significant change in subjective symptoms or objective clinical findings suggestive of significant pathology of the left shoulder. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of a significant change in symptoms and/or objective findings suggestive of significant pathology, no hard copy of the MRI left shoulder performed in 2010 and no red flags, MRI of the left shoulder is not medically necessary.