

Case Number:	CM15-0217970		
Date Assigned:	11/09/2015	Date of Injury:	12/05/2008
Decision Date:	12/21/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/05/2015

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: Florida

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 injured worker is a 72-year-old female who reported an industrial injury on 12-5-2008. Her diagnoses, and or impressions, were noted to include: reflex sympathetic dystrophy of upper and lower limb; mononeuritis; abnormal-awkward gait; and depressive disorder with anxiety state. No imaging studies were noted. Her treatments were noted to include: a hand surgeons agreed medical examiners report on 2-7-2011, 8-15-2011 & 4-2-2012; medication management; and rest from work. The progress notes of 9-25-2015 reported: a follow-up visit for left hand pain, rated 4-7 out of 10, 7 out of 10 over the previous week which decreased to a 3 out of 10 with medications; the frequent dropping of objects from both hands, and loss of range-of-motion which affected her activities of daily living; that her pain was exacerbated by movements and activities, and alleviated by medications; and that she was not working. The objective findings were noted to include: that she appeared anxious and in moderate pain; an awkward gait; moderate tenderness to the entire upper left arm with pain which decreased range-of-motion; moderate tenderness to the left forearm; a reduced left hand grip strength, with tenderness over the entire hand; unchanged sensory disturbances, hyperesthesia, allodynia and hyperpathia over the medial and lateral hand on the right side; and an overall unchanged condition. The physician's requests for treatment were noted to include Anaprox 550 mg twice daily as needed for mild-moderate pain from inflammation; Lyrica 150 mg twice daily for neuropathic pain; and to apply compression stockings-ace wraps on a daily basis to reduce swelling and to desensitize or modulate painful signals along the pain pathways. These medications were noted as far back as the 3-6-2015 progress notes. The Request for Authorization, dated 9-30-2015, was noted to include: Lyrica 150 mg twice a day, #60 and Anaprox DS 550 mg twice daily as needed, #60; but did not note a request for compression stockings-ace wraps. The Utilization Review of 10-7-2015 non-certified the request for Lyrica 150 mg, #60, Anaprox DS 550 mg, #60, and 1 pair of compression stockings-ace wraps.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription for Lyrica 150mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica).

Decision rationale: MTUS guidelines state regarding Lyrica, "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. Pregabalin was also approved to treat fibromyalgia. See Anti-epilepsy drugs (AEDs) for general guidelines, as well as specific Pregabalin listing for more information and references." Regarding this patient's case, she does not carry any of the aforementioned FDA approved diagnoses that would warrant the prescription of Lyrica. Likewise, this request is not considered medically necessary.

One (1) prescription for Anaprox DS 550mg #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 rationale: In accordance with California MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Likewise, this request for Anaprox is not medically necessary.

One (1) compression stockings/ACE wraps: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

Decision rationale: This patient has a diagnosis of reflex sympathetic dystrophy, and has been recommended to use ACE-Wraps/Compression dressings to reduce swelling and modulate painful signs along her pain pathways, per the documentation. MTUS guidelines only recommend braes and supports for forearms, wrists, and hands in such conditions as carpal

tunnel and DeQuervain's Syndrome. This patient does not carry either diagnosis. This request is not considered medically necessary.