

Case Number:	CM15-0218359		
Date Assigned:	11/12/2015	Date of Injury:	01/15/2013
Decision Date:	12/28/2015	UR Denial Date:	10/27/2015
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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 53 year old female who sustained an industrial injury on 01-15-2013. According to a progress report dated 10-20-2015, the injured worker presented with right upper extremity pain. She was status post right De Quervain's release and right ganglion cyst excision on 04-23-2015. Electrodiagnostic studies performed on 10-09-2014 were consistent for motor median neuropathy and mild sensory neuropathy. There was no evidence of cervical radiculopathy. She was unable to drive long distances due to her right upper extremity pain and limitations. Pain level had remained unchanged since the last visit. Pain intensity was rated 8 on a scale of 1-10 without medications and 4 with medications. Quality of sleep was poor. Current medications included Wellbutrin SR 100 mg twice daily, Effexor XR 75 mg daily, Pennsaid 1.5% solution, Percocet 10-325 mg four times a day as needed, Neurontin 300 mg and Naprosyn 500 mg. Medications tried and failed included Tramadol, Norco and Neurontin. The provider noted that the history and physical were consistent with chronic right shoulder pain with history of rotator cuff repair and MUA, right De Quervain's Tenosynovitis and depression secondary to chronic pain and decreased function. The injured worker was trying to wean herself from Percocet. She reported improved mood, increased energy and improved mental clarity with Wellbutrin. CURES report was reviewed on 07-30-2015 and there were no aberrant behaviors noted. Prescriptions were provided for Lyrica, Percocet, Pennsaid, Wellbutrin and Effexor XR. The injured worker was temporarily totally disabled. Documentation showed long term use of Percocet. A urine toxicology report dated 09-23-2015 was submitted for review and was consistent with use of Percocet and was negative for Gabapentin (inconsistent).

On 10-27-2015, Utilization Review non-certified the request for Lyrica 50 mg capsule twice a day #60, Percocet 10-325 mg four times a day #120 and Pennsaid 1.5% solution twice a day - three times a day to affected area #2, with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg capsule BID #60: Overturned

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), Pregabalin (Lyrica). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-epilepsy drugs (AEDs) for pain.

Decision rationale: MTUS and ODG state that "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." MTUS additionally comments "Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants. Recommended for neuropathic pain (pain due to nerve damage) . . . A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use." The patient appears to have established neuropathic pain for which Lyrica is an appropriate medication. The medical records provided do detail failure of Gabapentin due to side effects. This appears to be a new prescription. As such, the request for Lyrica 50mg capsule BID #60 is medically necessary.

Percocet 10/325mg QID #120: Overturned

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): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Opioids.

Decision rationale: Percocet (oxycodone with acetaminophen) is a short-acting opioid. Chronic pain guidelines and ODG do not recommend opioid "except for short use for severe cases, not to exceed 2 weeks" and "Routine long-term opioid therapy is not recommended, and ODG recommends consideration of a one-month limit on opioids for new chronic non-malignant pain

patients in most cases, as there is little research to support use. The research available does not support overall general effectiveness and indicates numerous adverse effects with long-term use. The latter includes the risk of ongoing psychological dependence with difficulty weaning." The treating physician does document pain reduction, length of pain reduction and improvement in function. As such, the request for Percocet 10/325mg QID #120 is medically necessary.

Pennsaid 1.5% solution BID -TID to affected area #2, with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Pennsaid, Topical Analgesics.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. ODG states regarding Pennsaid, "Not recommended as a first-line treatment. See the Diclofenac Sodium listing, where topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, and after considering the increased risk profile with diclofenac, including topical formulations." The patient does not appear to have osteoarthritis, of which Pennsaid can be used to treat if criteria are met. As such, the request for Pennsaid 20mg/gram/actuation (2%) topical solution is not medically necessary.