

Case Number:	CM15-0045957		
Date Assigned:	03/18/2015	Date of Injury:	03/01/2012
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/11/2015

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 injured worker is a 65 year old female, who sustained an industrial injury on March 1, 2012. The injured worker had reported a left elbow and forearm injury. The diagnoses have included lateral epicondylitis. Treatment to date has included medications, radiological studies, wrist brace, electrodiagnostic studies and physical therapy. Current documentation dated February 5, 2015 notes that the injured worker complained of left elbow pain with radiation into the hand, with associated numbness and tingling. Physical examination of the left elbow revealed tenderness of the lateral epicondyle and decreased sensation of the left thumb and first finger. Range of motion of the left wrist was normal. The treating physician's recommended plan of care included Lyrica 50 mg #270, Omeprazole 20mg #90 and Naproxen 550mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

270 Tablets of Lyrica 50 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Medications for chronic pain Page(s): 19-20, 60.

Decision rationale: The patient presents with left elbow, left hand, left thumb and left wrist pain. The physician is requesting 270 Tablets of Lyrica 50 MG. The RFA was not made available for review. The patient's date of injury is from 03/01/2012, and she is currently on modified duty. The MTUS Guidelines page 19 and 20 on Lyrica states: Has been documented to be effective for the treatment of diabetic neuropathy and post-herpetic neuralgia. This medication also has an anti-anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. MTUS page 60 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient was prescribed Lyrica prior to 02/05/2015. The handwritten progress report from 02/05/2015 shows that the patient continues to have pain in the left elbow with some radiculopathy of pain to the left hand with some numbness and tingling. There is tenderness of the left lateral epicondyle. There is decreased sensation of the left thumb/1st finger; decreased range of motion in the left wrist. None of the reports document medication efficacy as it relates to the use of Lyrica. Given the lack of functional improvement while utilizing this medication, the current request is Not medically necessary.

90 Tablets of omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 69.

Decision rationale: The patient presents with left elbow, left hand, left thumb and left wrist pain. The physician is requesting 90 Tablets of Omeprazole 20 MG. The RFA was not made available for review. The patient's date of injury is from 03/01/2012, and she is currently on modified duty. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states: Determine if the patient is at risk for gastrointestinal events: 1) Age > 65 years; 2) History of peptic ulcer, GI bleeding or perforation; 3) Concurrent use of ASA, corticosteroids, and/or an anticoagulant; or 4) High dose/multiple NSAID -e.g., NSAID + low-dose ASA. Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. MTUS also states: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The records show that the patient was prescribed omeprazole prior to 02/05/2015. Prior medication history was not made available. None of the reports document gastrointestinal issues or events. In this case, the routine use of omeprazole is not supported by the MTUS Guidelines. The request is Not medically necessary.

180 Tablets of Naproxen 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication medications for chronic pain Page(s): 22, 60.

Decision rationale: This patient presents with left elbow, left hand, left thumb and left wrist pain. The physician is requesting 180 Tablets of Naproxen 550 MG. The RFA was not made available for review. The patient's date of injury is from 03/01/2012, and she is currently on modified duty. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient was prescribed naproxen prior to 02/05/2015. The handwritten report from 02/05/2015 does not document medication efficacy. Given the lack of functional improvement while utilizing this medication, the current request for naproxen is Not medically necessary.