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| Case Number: | CM15-0098413 | | |
| Date Assigned: | 05/29/2015 | Date of Injury: | 02/10/2010 |
| Decision Date: | 07/09/2015 | UR Denial Date: | 04/22/2015 |
| Priority: | Standard | Application Received: | 05/21/2015 |

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:

This 63 year old female sustained an industrial injury on 2/10/10. She subsequently reported bilateral wrist pain. Diagnoses include gastritis, constipation and GERD. Treatments to date include x-ray testing, carpal tunnel surgery, injections, physical therapy and prescription pain medications. The injured worker presents for a follow up visit and refill of medications. Upon examination, abdominal tenderness was noted. Requests for retrospective Lyrica, Omeprazole, Docusate and Gaviscon medications were made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lyrica 75 mg #60 with 1 year of refills with a DOS of 4/14/2015: 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) Page(s): 19-20.

Decision rationale: This patient presents with chronic bilateral wrist pain. The current request is for Retrospective Lyrica 75 mg #60 with 1 year of refills with a DOS of 4/14/2015. The RFA is dated 04/15/15. Treatments to date include x-ray testing, carpal tunnel surgery, injections, physical therapy and prescription pain medications. The patient is TTD. MTUS Guidelines, pages 19-20, have the following regarding Lyrica: "Pregabalin "Lyrica, no generic available "has been documented to be effective in treatment of diabetic neuropathy and post-therapeutic neuralgia, has FDA-approval for both indications, and is considered first-line treatment for both". It further states, "Weaning: Do not discontinue prevailing abruptly and weaning should occur over 1-week period. Withdrawal effects have been reported after abrupt discontinuation". This patient has been prescribed Lyrica since 10/28/14. Examination on 04/14/15 noted "tenderness to palpation in both hands and wrist with decreased range of motion". In this case, the patient does not meet the indication for the use of Lyrica. Furthermore, this patient has been using this medication chronically, with no documentation of specific efficacy and functional benefit, the request is not medically necessary.

Retrospective Omeprazole 20 mg #30 with 1 year of refills with a DOS of 4/14/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with chronic bilateral wrist pain. The current request is for Retrospective Omeprazole 20 mg #30 with 1 year of refills with a DOS of 4/14/2015. The RFA is dated 04/15/15. Treatments to date include x-ray testing, carpal tunnel surgery, injections, physical therapy and prescription pain medications. The patient is TTD. MTUS pg. 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. 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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." This patient has been prescribed Omeprazole since 01/13/15. Examination on 04/14/15 noted "tenderness to palpation in both hands and wrist with decreased range of motion". The patient's current medications include Benazepril, Lyrica, Floranex, Colace, Citrucel, Gaviscon, and omeprazole. The treater states that Omeprazole is to be continued as the patient has gastrointestinal complaints including GERD and gastritis. In this case, the patient is not on oral NSAID to indicate prophylactic use of PPI according to guidelines. In addition, the patient has been taking a PPI at least for 4 months, and treater does not discuss why this medication should be continued. Therefore, this request is not medically necessary.

Retrospective Docusate 100 mg #60 with 1 year of refills with a dos of 4/14/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Constipation Page(s): 77.

Decision rationale: This patient presents with chronic bilateral wrist pain. The current request is for Retrospective Docusate 100 mg #60 with 1 year of refills with a DOS of 4/14/2015. The RFA is dated 04/15/15. Treatments to date include x-ray testing, carpal tunnel surgery, injections, physical therapy and prescription pain medications. The patient is TTD. Regarding constipation, MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." This patient has been prescribed Docusate since 01/03/15. Examination on 04/14/15 noted "tenderness to palpation in both hands and wrist with decreased range of motion". The patient reports intermittent loose stools and constipation. The patient's current medications include Benazepril, Lyrica, Floranex, Colace, Citrucel, Gaviscon, and omeprazole. MTUS Guidelines allows for prophylactic use of medications for constipation when opiates are taken. However, current list of medication prescribed to this patient do not include any opiates. Therefore, the request is not medically necessary.

Retrospective Gaviscon 2 tablespoons as needed #2 and 1 year of refills with a DOS of 4/14/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk Medications for chronic pain Page(s): 69, 60.

Decision rationale: This patient presents with chronic bilateral wrist pain. The current request is for Retrospective Gaviscon 2 tablespoons as needed #2 and 1 year of refills with a DOS of 4/14/2015. The RFA is dated 04/15/15. Treatments to date include x-ray testing, carpal tunnel surgery, injections, physical therapy and prescription pain medications. The patient is TTD. MTUS, ACOEM and ODG do not specifically address the use of Gaviscon. Gaviscon is an anti-acid supplement and can be used to treat GERD. MTUS Guidelines page 68 and 69 states that PPI is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. If the patient presents with gastric history, then Gaviscon can be used but the treater does not discussion medication efficacy. MTUS page 60 requires documentation of pain and function when using medication for chronic pain. Therefore, the request is not medically necessary.