

Case Number:	CM14-0137713		
Date Assigned:	09/12/2014	Date of Injury:	01/05/2005
Decision Date:	10/23/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/26/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57 year old female with an injury date of 01/05/05. Based on the 07/01/14 progress report the patient complains of neck and back pain. She wears bilateral wrist braces and has difficulty ambulating. Physical examination to the lumbar spine reveals decreased range of motion, especially on extension 10 degrees. Straight leg raise test is positive. Range of motion to the cervical spine is flexion 40 degrees and extension 40 degrees. Phallen's Test is positive. There is no documentation of medications. However, per utilization review letter dated 08/12/14, patient has been on Diclofenac, Ranitidine and Lyrica at least since December 2013. The diagnosis include cervical strain, status post fusion with ongoing symptoms; status post anterior posterior lumbar fusion with residuals; carpal tunnel syndrome; depression; internal complaints including high blood pressure; and weight gain. The utilization review determination being challenged is dated 08/12/14. The rationale states "the response to prior use of medications is not indicated. There's no documentation of functional improvement of Diclofenac and Lyrica. Given Diclofenac is not necessary, continuing Prilosec is not necessary." Medical records provided were provided for review from 03/05/14 - 07/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100mg ER Tab #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines require recording of pain and function when medications are used for chronic pain Page(s): 60.

Decision rationale: The patient presents with neck and back pain. The request is for Diclofenac 100mg ER tab#90. Per diagnosis dated 07/01/14, she is status post cervical and lumbar fusion and has carpal tunnel syndrome. With regards to Oral non-steroidal anti-inflammatory drugs (NSAIDs), MTUS page 22 supports this medication for chronic low back pain, as first-line treatment, at least for short-term. It is also supported for other chronic pain conditions. In review of reports, there is no documentation of prior or current medication usage. Per utilization review letter dated 08/12/14, the patient has been on Diclofenac, Ranitidine and Lyrica at least since December 2013. The treating doctor; however, does not discuss this medication's efficacy in any of the reports. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Given the lack of any documentation regarding this medication, this request is not medically necessary.

Ranitidine 150mg Tab #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

Decision rationale: The patient presents with neck and back pain. The request is for Ranitidine 150mg tab #180. Per diagnosis dated 07/01/14, she is status post cervical and lumbar fusion and has carpal tunnel syndrome. MTUS page 69, non-steroidal anti-inflammatory drugs (NSAIDs), GI Symptoms & Cardiovascular Risk states: "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Ranitidine is a histamine H2-blocker. Though the treating doctor may have prescribed medication prophylactically, in review of reports, there is no documentation of prior or current medication usage. Per utilization review letter dated 08/12/14, the patient has been on Diclofenac, Ranitidine and Lyrica at least since December 2013. Given the lack of any documentation regarding this medication, this request is not medically necessary.

Lyrica 25mg Cap #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines requires recording of pain and function when medications are used for chronic pain Page(s): 60.

Decision rationale: The patient presents with neck and back pain. The request is for Lyrica 25mg Cap #60. Per diagnosis dated 07/01/14, she is status post cervical and lumbar fusion and has carpal tunnel syndrome. MTUS has the following regarding Lyrica: "Pregabalin (Lyrica , no generic available) 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. In review of reports, there is no documentation of prior or current medication usage. Per utilization review letter dated 08/12/14, patient has been on Diclofenac, Ranitidine and Lyrica at least since December 2013. The patient does not present with a clear diagnosis of neuropathic pain for which this medication may be indicated. The treating doctor does not discuss this medication's efficacy in any of the reports provided. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Therefore, this request is not medically necessary.