

Case Number:	CM14-0142107		
Date Assigned:	09/10/2014	Date of Injury:	02/01/2002
Decision Date:	10/10/2014	UR Denial Date:	08/02/2014
Priority:	Standard	Application Received:	09/03/2014

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 Occupational Medicine 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 claimant was injured on 02/01/02. Lyrica, tramadol, Fexmid, and Prilosec are under review. The claimant has been seen by [REDACTED] for chronic pain and fatigue and she saw him on 02/24/14. She reported going to the ER on 02/01/14 because of severe pain in her shoulders and low back and was given Norco and morphine injections. She still had pain in her neck and shoulders. She had trigger point tenderness 12+. She was to continue medications including Sentraflox, tramadol, Lyrica, and Prilosec and the cyclobenzaprine was changed to Fexmid for spasms. On 07/11/14, she stated she was better with medications. She complained of right hand, elbow, and upper arm pain that occasionally affected her range of motion. She was to continue her medications and the tramadol dose was decreased. On 07/18/14, she complained of total body pain with chronic fatigue, problems sleeping, morning stiffness, right hand, elbow, and upper arm pain which occasionally affected her range of motion and she had difficulty lifting things. She complained of low back pain radiating to the right side of her body. Fexmid made her too sleepy. She had no new joint swelling, a normal neurologic examination, and no rheumatoid arthritis deformities. She was diagnosed with backache and myalgia/myositis. She is status post bilateral carpal tunnel releases in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Lyrica 75mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 131, 46.

Decision rationale: The history and documentation do not objectively support the request for Lyrica 75mg, #60. The MTUS state "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.... Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants. [They are] recommended for neuropathic pain (pain due to nerve damage. (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007) There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006) The choice of specific agent [including pregabalin] will depend on the balance between effectiveness and adverse reactions." In this case, there is no evidence of any of the diagnoses above that may be causing neuropathic pain, including diabetic neuropathy, postherpetic neuralgia, fibromyalgia, or radiculopathy. There are no focal symptoms of neuropathic or radiculopathic pain and no deficits demonstrating any of these conditions. The medical necessity of the use of Lyrica 75mg, #60 has not been demonstrated.

One prescription for Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: The history and documentation do not objectively support the request for tramadol 50mg. The MTUS state "tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." There is no documentation of trials and failure of or intolerance to other more commonly used first line drugs, including acetaminophen, anti-inflammatories, antidepressants, or local care and exercise. The expected benefit or indications for the use of this medication have not been stated. The medical necessity of tramadol 50mg, therefore, has not been clearly demonstrated as medically necessary or indicated.

Unknown prescription for Prilosec: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gastroesophageal reflux disease, American Journal Gastroenterol. 2013 Mar; 108 (3):308-28 PubMed External Web Site Policy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs) Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for Prilosec, dose unknown, at this time. The MTUS state regarding PPIs, "patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. In this case, there is no documentation of GI conditions or increased risk to support the use of this medication. The medical necessity of this request for Prilosec, unknown dosage, has not been clearly demonstrated.

One prescription for Fexmid 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 74. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: (Mens 2005) Up-to-date for "Flexeril"

Decision rationale: The history and documentation do not objectively support the request for Fexmid 7.5 mg, unknown dose and quantity. The MTUS cyclobenzaprine (Fexmid), "recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. (Browning, 2001). Treatment should be brief." Additionally, MTUS state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, ... A record of pain and function with the medication should be recorded. (Mens 2005) Up-to-date for "Flexeril" also recommends "do not use longer than 2-3 weeks" and is for "short-term (2-3 weeks) use for muscle spasm associated with acute painful musculoskeletal conditions." The medical documentation provided does not establish the need for long-term/chronic usage of Fexmid, which MTUS guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimant's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. As such, this request for Fexmid 7.5mg is not medically necessary.

