

Case Number:	CM15-0108906		
Date Assigned:	06/15/2015	Date of Injury:	05/12/2010
Decision Date:	07/14/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/05/2015

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: California
Certification(s)/Specialty: Emergency 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 51-year-old female, who sustained an industrial injury on 05/12/2010. The injured worker is currently diagnosed as having cervical sprain/strain, status post right shoulder surgery with chronic pain, and right lateral epicondylitis. Treatment and diagnostics to date has included injections and medications. In a progress note dated 05/11/2015, the injured worker presented with complaints of worsening shoulder pain that radiates up to the neck with numbness and tingling in her left hand. The injured worker stated that Gabapentin has not helped in the past. Objective findings include shoulder tenderness with good range of motion. The treating physician reported requesting authorization for Lyrica and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75 mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin, Page 99 Page(s): 99.

Decision rationale: The requested Lyrica 75 mg #30 with 1 refill is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pregabalin, Page 99, recommend this medication for the treatment of "neuropathy and post-herpetic neuralgia." The injured worker has worsening shoulder pain that radiates up to the neck with numbness and tingling in her left hand. The injured worker stated that Gabapentin has not helped in the past. Objective findings include shoulder tenderness with good range of motion. The treating physician has not documented exam evidence of radiculopathy, nor derived functional benefit from its previous use. The criteria noted above not having been met, Lyrica 75 mg #30 with 1 refill is not medically necessary.

Celebrex 200 mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Celebrex 200 mg #30 with 1 refill is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has worsening shoulder pain that radiates up to the neck with numbness and tingling in her left hand. The injured worker stated that Gabapentin has not helped in the past. Objective findings include shoulder tenderness with good range of motion. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Celebrex 200 mg #30 with 1 refill is not medically necessary.