MAXIMUS Federal Services

Case Number:	CM15-0011625		
Date Assigned:	01/28/2015	Date of Injury:	08/19/1998
Decision Date:	03/19/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/20/2015

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: New York, West Virginia, Pennsylvania
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 (IW) is a 60 year old male who sustained an industrial injury on 08/19/1998. He has reported ongoing difficulty with pain in his neck, bilateral elbows, low back, left groin, bilateral knees and bilateral feet. His pain is rated as 7-9/10, but is reduced to a tolerable level with his current medications. Diagnoses include; status post bilateral knee arthroplasties, degenerative disc disease, lumbar spine, left upper extremity radiculopathy, erosive esophagitis and GERD (gastro-intestinal reflux disease) secondary to NSAID (non-steroidal anti-inflammatory drugs), history of ulcer, cervical spondylosis C3-C7 per MRI scan 07/01/2013, Disc herniations, C3-4, C4-5-, and C6-7 per MRI scan 07/01/2013, moderate to severe neural foraminal stenosis C3 to C7 per MRI 07/01/2013. Treatments to date include bilateral knee arthroplasties. A progress note from the treating provider dated 12/16/2014 indicates he is scheduled for left knee surgery 01/09/2015. The note further states there are no aberrant drug use behaviors and the medications allow the IW to tolerate the routine activities of daily living, decreasing his pain and improving his function. Nexium DR, Lyrica, and Norco are prescribed at this visit of 12/16/2014.On 01/02/2015 Utilization Review non-certified a request for Lyrica 75mg #30 with 3 refills noting there was not an indication in the review of the medical record that the IW has been on Gabapentin, and there was not a listing of functional gain attributed to the use of Lyrica. The MTUS Chronic Pain Guidelines Anti-Epilepsy Drug (AEDs) was cited. On 01/02/2015 Utilization Review non-certified a request for Nexium DR 40mg #30 with 3 refills noting the patient was not being prescribed a nonsteroidal anti-inflammatory drug, nor has there been any comment or mention of dietary change resulting from GI symptoms associated

with medications being prescribed. The MTUS Chronic Pain Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), GI Symptoms and Cardiovascular Risk) were cited. On 01/02/2015 Utilization Review modified a request for Norco 10/325mg #150 to Norco 10/325 mg #40 with the understanding that a specific treatment plan will be presented for the reduction and discontinuation of the opioid medication. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #30 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20, 99.

Decision rationale: Lyrica is an anti-epilepsy drug which is used to treat various causes of neuropathic pain. The patient is described as having neuropathic pain. There is documentation of neuropathic pain in this patient. Thus, Lyrica is medically necessary and appropriate.

Nexium DR 40mg #30 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), GI Symptoms and Ca.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69. Decision based on Non-MTUS Citation Pain Chapter, Nexium

Decision rationale: Nexium is a proton pump inhibitor that decreases the amount of acid in the stomach. For those patients who are taking anti-inflammatory agents, they may be at risk for gastrointestinal irritation. Nexium is used to prevent gastrointestinal problems in patients who are taking over the counter and prescription NSAIDS. Thus, Nexium was necessary and appropriate in this patient who was taking over the counter anti-inflammatory medications.

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Section on Opioids Page(s): 78.

Decision rationale: Patients taking opioids chronically, must have continuous assessment of pain relief, functional status, appropriate medication use, and side effects. The medical records do not include documentation of ongoing opioid management for this patient. Thus, the request

is not medically necessary and appropriate and should be modified with the intent to taper and discontinue opioids.