

<b>Case Number:</b>	CM15-0111799		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	05/04/2005
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 61 year old female, who sustained an industrial injury on 5/4/05. She reported right arm and neck pain. The injured worker was diagnosed as having cervical neck pain with radiculopathy. Treatment to date has included physical therapy, acupuncture, and medication. The injured worker had been taking Lyrica, Prevacid, and using Lidoderm patches since at least 11/6/14. Medical history was significant for heartburn. Currently, the injured worker complains of neck pain. The treating physician requested authorization for a cervical MRI, Celebrex, Prevacid, Lidoderm patches, and Lyrica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical MRI:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** This 61 year old female has complained of right arm pain and neck pain since date of injury 5/4/2005. She has been treated with acupuncture, physical therapy and medications. The current request is for a cervical MRI. The available medical records show a request for MRI of the cervical spine without any new patient symptomatology, physical exam findings or rationale for the above requested testing. Per the MTUS guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms is not indicated. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, MRI of the cervical spine is not indicated as medically necessary.

**Celebrex:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** This 61 year old female has complained of right arm pain and neck pain since date of injury 5/4/2005. She has been treated with acupuncture, physical therapy and medications to include Celebrex since at least 11/2014. The current request is for Celebrex. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose and for a short (2-4 week) duration. Additionally, there has been no proven long term effectiveness for the treatment of pain with NSAIDS. The current request is for continuation of treatment far exceeding the recommended treatment period for this medication and the request is also not based on the lowest dose possible. On the basis of the MTUS guidelines, Celebrex is not indicated as medically necessary.

**Prevacid:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

**Decision rationale:** This 61 year old female has complained of right arm pain and neck pain since date of injury 5/4/2005. She has been treated with acupuncture, physical therapy and medications to include Prevacid since at least 11/2014. The current request is for Prevacid. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPIs can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prevacid is not indicated as medically necessary in this patient.

**Lidoderm patches:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** This 61 year old female has complained of right arm pain and neck pain since date of injury 5/4/2005. She has been treated with acupuncture, physical therapy and medications to include Lidoderm patches since at least 11/2014. The current request is for Lidoderm patches. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and anti-depressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the request for Lidoderm patches is not indicated as medically necessary.

**Lyrica:** Upheld

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

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

**Decision rationale:** This 61 year old female has complained of right arm pain and neck pain since date of injury 5/4/2005. She has been treated with acupuncture, physical therapy and medications to include Lyrica since at least 11/2014. Pregabalin (Lyrica) has been documented to be effective in the treatment of diabetic neuropathy and post-herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. There is no documentation in the available medical records of any of these conditions nor is there a discussion of the rationale regarding use of this medication. On the basis of the MTUS guideline cited above and the available medical documentation, Lyrica is not indicated as medically necessary in this patient.