MAXIMUS Federal Services

Case Number:	CM15-0171900		
Date Assigned:	09/14/2015	Date of Injury:	09/01/2004
Decision Date:	11/03/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/01/2015

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, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62 year old man sustained an industrial injury on 9-1-2004. The mechanism of injury is not detailed. Diagnoses include neck pain. Treatment has included oral medications. Physician notes dated 7-17-2015 show complaints of neck pain rated 9 out of 10 with radiation to the bilateral arms. The worker claims the pain is managed with his medication regimen, however, no rating scales or subjective information is available to support this. The physical examination shows a mild chronic heart murmur, decreased hearing with need to wear hearing aids, no discrepancies with cranial nerve function, cervical spine tenderness to palpation and decreased range of motion, periodic lumbar spine pain, bilateral shoulder decreased range of motion and strength, decreased reflexes to the bilateral brachial radialis, numbness and tingling found to the bilateral neck and bilateral upper extremities. Recommendations include physical therapy, Hydrocodone- Acetaminophen, Lyrica, Methocarbamol, Omeprazole, Ranitidine, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg #90 plus 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica).

Decision rationale: According to the California MTUS guidelines, Lyrica is an anti-epilepsy drug (AED) which has been shown to be effective for treatment of painful diabetic neuropathy, and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. It is also recommended for treatment of fibromyalgia. There is no diagnosis of fibromyalgia or diabetic neuropathy. The request as submitted (5 refills) fails to allow for monthly or every other month follow up and re-assessment to determine efficacy of treatment. There is no mention of Lyrica alleviating pain significantly using validated pain scores, nor is there mention of improved function and activities of daily living secondary to Lyrica use. The injured worker continues to complain of pain with active and problematic median neuropathy and ulnar neuropathy at the elbow, as well as neck pain due to myofascial pain syndrome and cervical radiculopathy. Medical necessity for ongoing use of Lyrica has not been substantiated. The request is not medically necessary.

Omeprazole 20mg #90 plus 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Proton Pump Inhibitors are used to treat symptoms of gastritis, peptic ulceration, acid reflux, and/or dyspepsia related to non-steroidal anti-inflammatories (NSAIDs). There is diagnosis of GERD within the submitted records. However, there is no clear rationale for this request along with the anti-histamine Ranitidine for GERD treatment. Dual therapy does not appear to be indicated. No clear rationale for dual therapy was provided. Also, this request asks for 5 refills, which does not allow for periodic re-assessment to determine efficacy of treatment. This request is not medically necessary.

Ranitidine HCL 150mg #60 plus 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the MTUS Chronic Pain Guidelines, H2 antagonists such as Ranitidine are appropriate for treatment of dyspepsia secondary to NSAID therapy. There is diagnosis of GERD within the submitted records. However, there is no clear rationale for this request along with the proton pump inhibitor Omeprazole for GERD treatment. Dual therapy

does not appear to be indicated. No clear rationale for dual therapy was provided. Also, this request asks for 5 refills, which does not allow for periodic re-assessment to determine efficacy of treatment. This request is not medically necessary.

Robaxin 750mg #180 plus 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines note that long-term use of muscle relaxants is not recommended. It is associated with mental and physical impaired abilities and has limited efficacy. Long-term use is not recommended and this request as submitted is for Robaxin #180 with 5 refills. There are no extenuating factors within the submitted records to warrant non-adherence to guideline recommendations and as such, this request is not medically necessary.