MAXIMUS Federal Services

Case Number:	CM15-0040547		
Date Assigned:	03/10/2015	Date of Injury:	09/17/2013
Decision Date:	05/28/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/03/2015

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: 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:

The injured worker is a 51-year-old female who reported an injury on 01/17/2013, with an unknown mechanism of injury. She is currently diagnosed with protrusion at C6-7 with foraminal stenosis, left cervical radiculopathy, cervicogenic headache, and left shoulder pain. Past treatment includes the use of medications and a TENS unit. There were no diagnostic studies submitted for review. The injured worker's surgical history is unknown. The injured worker's subjective complaints on 01/26/2015 indicated bilateral upper extremity pain with cervical pain, noted at a 7/10. The injured worker also had shoulder pain rated at a 5/10. Objective findings revealed cervical range of motion percent of normal at flexion 50, extension 40, left and right rotation 50, and left and right lateral tilt 40. The shoulder examination revealed tenderness with decrease in range of motion. It is indicated that the injured worker is currently taking Norco, naproxen, and Lyrica. The treatment plan included the continuation of use of the TENS unit, medications, and a follow-up in 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: Based on the clinical information submitted for review and the California MTUS Guidelines, this request is non-certified. The California MTUS Guidelines state that NSAIDs should be used at the shortest duration possible for moderate to severe pain. The clinical information did not document the significant pain relief or any functional benefit the use of NSAIDs has provided to the injured worker. In addition, it is not known exactly how long the injured worker has been currently taking this medication. Given the above, the request for naproxen 550 mg #60 is not medically necessary.

Lyrica 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: Based on the clinical information submitted for review and the California MTUS Guidelines, this request is not supported. California MTUS Guidelines state that Lyrica is used as a treatment option for chronic pain, particularly in patients with neuropathic pain. The records indicate that the injured worker was currently taking Lyrica, although the length of use was not indicated. There was also no documentation of pain relief or any functional benefits the medication has provided to the injured worker. Given the above, the request for Lyrica 75 mg #60 is not medically necessary.