

Case Number:	CM15-0063351		
Date Assigned:	04/09/2015	Date of Injury:	01/20/2012
Decision Date:	05/20/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/03/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 39 year old man sustained an industrial injury on 1/20/2012. The mechanism of injury is not detailed. Evaluations include cervical spine MRI dated 10/15/2012, MR arthrogram dated 8/19/2013, lumbar spine MRI dated 10/4/2012, and electromyogram of the right upper extremity dated 2/11/2013. Diagnoses include chronic neck pain, right superior labrum tear with surgical repair, chronic regional pain syndrome of the right upper extremity, and chronic low back pain. Treatment has included oral medications. Physician notes dated 2/24/2015 show complaints of shoulder pain. Recommendations include Norco, Zanaflex, Ambien, Lexapro, Lyrica, Prilosec, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100mg, #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); Specific Anti-Epilepsy Drugs Page(s): 16-17, 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16 of 127.

Decision rationale: This claimant was injured about three years ago. There is chronic neck and shoulder pain. Oral medicines have been used long term, without objective, functional benefit noted in the records. The MTUS notes that these medicines are recommended for neuropathic pain (pain due to nerve damage.) (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007) The MTUS further notes that most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). I did not see that this claimant had these conditions for which the medicine is effective. The request was appropriately non-certified under MTUS criteria, therefore, not medically necessary.

Prilosec 20mg, #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 68 of 127.

Decision rationale: This claimant was injured about three years ago. There is chronic neck and shoulder pain. Oral medicines have been used long term, without objective, functional benefit noted in the records. No gastrointestinal symptoms are noted, or objective functional improvement out of the Prilosec usage. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is appropriately non-certified based on MTUS guideline review, therefore, not medically necessary.