

Case Number:	CM15-0063534		
Date Assigned:	04/09/2015	Date of Injury:	07/12/2005
Decision Date:	05/08/2015	UR Denial Date:	03/27/2015
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: California

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

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 62 year old male, who sustained an industrial injury on July 12, 2005. He reported slipping and falling striking his right elbow on a step of the truck, landing forcefully on his feet, jarring his neck and upper back. The injured worker was diagnosed as having cervical degenerative disc disease per x-ray and MRI, chronic cervicgia, possible left cervical radiculopathy, possible finding of early bilateral cubital tunnel syndrome likely unrelated to industrial injury, rule out cervical radiculopathy left greater than right, cervicogenic migraine headaches, and bilateral shoulder impingement syndrome. Treatment to date has included x-rays, electrodiagnostic studies, MRI, physical therapy, TENS, cervical fusion, and medication. Currently, the injured worker complains of worsening neck pain, with radicular symptoms to his upper extremities, and migraines. The Primary Treating Physician's report dated March 11, 2015, noted the injured worker was currently receiving Dilaudid, Lyrica, Maxalt, Colace, Phenergan, and Milk of Magnesia. The injured worker noted approximately 40% reduction in his pain with the use of his medications, with the pain approximately 8/10 without his medications and approximately 5/10 with his medications. Physical examination was noted to show positive impingement signs in both shoulders with forward flexion and abduction limited to 100 degrees in both shoulders, with slightly positive Tinel's testing at the bilateral cubital tunnels. Examination of the cervical spine noted that the posterior cervical incision was well healed with range of motion (ROM) in the cervical spine moderately-to-severely reduced in all planes. The treatment plan was noted to include continuation of his current medication regimen, and conducting a saliva screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

One saliva screening: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Cytokine DNA Testing, Genetic testing for Potential Opioid Abuse.

Decision rationale: Regarding a request for saliva test, California MTUS and ACOEM do not contain criteria for this request. ODG states that cytokine DNA saliva testing is not recommended. Additionally, they state that genetic testing for potential opioid abuse is not recommended. As such, the currently requested saliva test is not medically necessary.

Lyrica 100mg #90 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (pregabalin).

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): 16-21 of 127.

Decision rationale: Regarding request for Lyrica, Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is identification of analgesic benefit and documentation neuropathic pain supported by physical examination findings. As such, the currently requested Lyrica is medically necessary.