

Case Number:	CM15-0066840		
Date Assigned:	04/13/2015	Date of Injury:	04/27/2010
Decision Date:	06/29/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/08/2015

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, New York, 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:

The applicant is a represented 29-year-old who has filed a claim for chronic pain syndrome, alleged reflex sympathetic dystrophy, and generalized anxiety disorder reportedly associated with an industrial injury of April 27, 2010. In a utilization review report dated March 6, 2015, the claims administrator failed to approve requests for Lyrica, Celebrex, Xanax, and Percocet. The claims administrator did reference a February 24, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On January 27, 2015, the applicant reported ongoing complaints of right upper extremity pain. The attending provider suggested that the applicant pursue a functional restoration program. 10/10 pain complaints were noted. Cold weather was worsening her pain complaints. The applicant was given refills of Lyrica, Xanax, and Celebrex. Cymbalta was endorsed on a trial basis. A heightened dose of Lyrica was endorsed on the grounds that the applicant was apparently not profiting from a lower dose of the same. Percocet was also renewed. The applicant's work status was not clearly stated, although it did not appear that the applicant was working with complaints of severe, intractable pain. On November 20, 2014, the applicant was asked to pursue a stellate ganglion block. The applicant was asked to employ Gralise and Amrix. The applicant was not working, it was stated. The applicant's medication list was not clearly detailed on this occasion, although the applicant was described as having used Valium, Norco, Dilaudid, and Percocet at various points in the past. The attending provider stated that concerns had been expressed about the applicant possibly pilfering a prescription pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 200mg QTY: 1.00: Overturned

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

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

Decision rationale: Yes, the request for Lyrica, an anticonvulsant adjuvant medication, was medically necessary, medically appropriate, and indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, pregabalin or Lyrica is a first-line treatment for diabetic neuropathic pain and/or postherpetic neuralgia and, by analogy, is indicated in the treatment of neuropathic pain complaints in general. Here, the attending provider stated that previous prescription of Lyrica at a lower dose had proven ineffectual. The attending provider stated that he wished to raise the dose of Lyrica as of a progress note of January 27, 2015 and employ the same in conjunction with Cymbalta, a second adjuvant medication. Employing Lyrica at a heightened dose was indicated, given the applicant's seemingly incomplete response to a lower dose of the same. Therefore, the request was medically necessary.

Celebrex 200mg QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Conversely, the request for Celebrex, a COX-2 inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does note that COX-2 inhibitors such as Celebrex may be considered in applicants who are at risk for GI complications with nonselective NSAIDs, here, however, there was no mention of the applicant as being at heightened risk for GI complications on the January 27, 2015 progress note at issue. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant was off work. Severe, 10/10 pain complaints were reported, despite ongoing, longstanding usage of Celebrex. Ongoing usage of Celebrex failed to curtail the applicant's dependence on opioid agents such as Percocet. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(e), despite ongoing usage of the same. Therefore, the request was not medically necessary.

Xanax 0.25mg QTY 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Similarly, the request for Xanax, an anxiolytic medication, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be employed for "brief periods," in cases of overwhelming symptoms, here, however, there is no mention of the applicant as having overwhelming symptoms of panic attacks on or around the date in question, January 27, 2015. Rather, it appeared that the applicant was using Xanax for chronic, long-term, and/or scheduled use purposes, for anxiolytic effect. This is not an ACOEM-endorsed role for the same, however. Therefore, the request was not medically necessary.

Percocet 5/325mg QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for Percocet, a short-acting opiate, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant reported severe, 10/10 intractable pain complaints on the January 27, 2015 progress note at issue. The applicant was off work, it was suggested on November 20, 2014. It did not appear, in short, that ongoing usage of Percocet had proven successful here. Therefore, the request was not medically necessary.