

Case Number:	CM15-0071522		
Date Assigned:	04/21/2015	Date of Injury:	03/05/2012
Decision Date:	05/20/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/14/2015

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 45-year-old who has filed a claim for chronic shoulder, neck, midback, and low back pain reportedly associated with an industrial injury of March 5, 2012. In a Utilization Review report dated April 9, 2015, the claims administrator failed to approve requests for Lyrica, Celebrex, and Percocet. The claims administrator referenced a progress note of April 2, 2015 and an associated RFA form of April 3, 2015. The applicant's attorney subsequently appealed. In an April 8, 2015 progress note, the applicant was placed off work, on total temporary disability. The applicant's medication list included Biofreeze gel, Celebrex, Flexeril, Levora, Lidoderm, Zestril, Lyrica, Mobic, Percocet, and Relpax. The applicant had undergone shoulder surgery at an unspecified point in time, it was reported, along with various interventional spine procedures. On April 2, 2015, the applicant reported complaints of neck pain, leg pain, low back pain, and hip pain collectively rated at 7/10. The applicant was given refills of Celebrex, Lyrica, and Percocet. The applicant was apparently considering a shoulder manipulation under anesthesia surgery. The note was very difficult to follow and mingled historical issues with current issues. The applicant was placed off work, on total temporary disability. The attending provider acknowledged that activities of daily living as basic as lifting, standing, and twisting worsened the applicant's multifocal pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs / anti-convulsants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for Lyrica, an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is recommended in the treatment of diabetic neuropathic pain and/or neuropathic pain associated with postherpetic neuralgia and, by implication, neuropathic pain conditions as a whole, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off work, it was acknowledged on progress notes of April 2015, referenced above. The applicant continued to report multifocal pain complaints as high as 7/10, despite ongoing Lyrica usage. Ongoing usage of Lyrica had failed to curtail the applicant's dependence on opioid agents such as Percocet. The applicant continued to report difficulty performing activities of daily living as basic as standing, bending, twisting, and lifting. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lyrica. Therefore, the request was not medically necessary.

Celebrex 200mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Anti-inflammatory medications Page(s): 7; 22.

Decision rationale: Similarly, the request for Celebrex, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Celebrex do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off work, despite ongoing usage of Celebrex. The applicant remained on total temporary disability, it was acknowledged on multiple progress notes, referenced above. Ongoing usage of Celebrex had failed to curtail the applicant's dependence on opioid agents such as Percocet. The applicant continued to report pain complaints as high as 7/10, despite ongoing

Celebrex usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Celebrex. Therefore, the request was not medically necessary.

Percocet 5/325mg #120: 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 opioid, was likewise 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 was off work, on total temporary disability, despite ongoing usage of Percocet. The applicant continued to report pain complaints as high as 7/10, despite ongoing Percocet usage. The applicant maintained that activities of daily living as basic as lifting, bending, standing, and walking remained problematic, again despite ongoing Percocet usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.