MAXIMUS Federal Services

Case Number:	CM15-0072866		
Date Assigned:	04/23/2015	Date of Injury:	05/17/2012
Decision Date:	05/22/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/16/2015

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:

This 47-year-old female sustained an industrial injury on 5/17/12. She subsequently reported shoulder pain. Diagnoses include pain in joint involving shoulder region, pain in limb, contusion of knee and myofascial pain syndrome. Treatments to date have included prescription pain medications. The injured worker continues to experience right shoulder pain with burning and tingling noted in the shoulder and fingers. A request for Lyrica, Ibuprofen and Flector medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Lyrica Page(s): 16-17.

Decision rationale: The patient presents on 04/07/15 with right shoulder pain rated 5/10, a burning/tingling quality which radiates from the shoulder into the right upper extremity, and sensory disturbances in the fingers of the right hand. The patient's date of injury is 05/17/12. Patient has no documented surgical history directed at this complaint. The request is for LYRICA 50MG #30. The RFA is dated 04/07/15. Physical examination dated 04/07/15 does not include any abnormal physical findings, only a review of systems with positive findings of anxiety, depression, and difficulty concentrating. The patient is currently prescribed Levothyroxine, Ranitidine, Simvastatin, Clonazepam, Flector Patches, Ibuprofen, and Prozac. Diagnostic imaging was not included. Patient is currently working. MTUS guidelines, page 16 states the following regarding Lyrica: "Pregabalin -Lyrica- has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. This medication also has an anti anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder." In regard to Lyrica for this patient's shoulder pain and associated burning pain to the right upper extremity, the request is appropriate. Progress note dated 04/07/15 indicates that this is the initiating prescription of Lyrica, which is intended to address the neuropathic component of this patient's right shoulder complaint; namely the sensory disturbances and burning sensation in the right upper extremity. The provider indicates that this patient failed a trial of Gabapentin due to over-sedation and is thus undergoing a trial of Lyrica. Given the neuropathic component of this patient's chief complaint, and the stated intent to perform a trial of this medication, the request is substantiated. The request IS medically necessary.

Ibuprofen 800mg #80: Overturned

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 Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents on 04/07/15 with right shoulder pain rated 5/10, a burning/tingling quality which radiates from the shoulder into the right upper extremity, and sensory disturbances in the fingers of the right hand. The patient's date of injury is 05/17/12. Patient has no documented surgical history directed at this complaint. The request is for IBUPROFEN 800MG #80. The RFA is dated 04/07/15. Physical examination dated 04/07/15 does not include any abnormal physical findings, only a review of systems with positive findings of anxiety, depression, and difficulty concentrating. The patient is currently prescribed Levothyroxine, Ranitidine, Simvastatin, Clonazepam, Flector Patches, Ibuprofen, and Prozac. Diagnostic imaging was not included. Patient is currently working. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs

(NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS Chronic Pain Medical Treatment Guidelines, pg60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In regard to the requested Ibuprofen for this patient's chronic shoulder pain, adequate documentation of pain reduction and functional improvement has been provided. Progress note dated 04/07/15 documents a 70-80% reduction in pain lasting 4-5 hours attributed to Ibuprofen, and notes that this medication allows this patient to continue working and exercising. Given the conservative nature of this medication and documented analgesia with functional improvements, continued use is substantiated. The request IS medically necessary.

Flector patch #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents on 04/07/15 with right shoulder pain rated 5/10, a burning/tingling quality which radiates from the shoulder into the right upper extremity, and sensory disturbances in the fingers of the right hand. The patient's date of injury is 05/17/12. Patient has no documented surgical history directed at this complaint. The request is for FLECTOR PATCH #60. The RFA is dated 04/07/15. Physical examination dated 04/07/15 does not include any abnormal physical findings, only a review of systems with positive findings of anxiety, depression, and difficulty concentrating. The patient is currently prescribed Levothyroxine, Ranitidine, Simvastatin, Clonazepam, Flector Patches, Ibuprofen, and Prozac. Diagnostic imaging was not included. Patient is currently working. The Flector patch is Diclofenac in a topical patch. MTUS guidelines for topical NSAIDs apply. MTUS, pg 111-113, Topical Analgesics section under Non-steroidal anti-inflammatory agents -NSAIDs- states: "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." The guideline states short-term use is 4-12 weeks. These are not recommended for neuropathic pain and "there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." In regard to Flector patches for this patient's chronic shoulder pain, this medication is not indicated for this patient's chief complaint. This patient has been using Flector patches since at least 01/13/15. Progress note dated 04/07/15 reports a 30-40% reduction in pain attributed to Flector Patches. This patient presents with right shoulder pain with a neuropathic component radiating into the right upper extremity. However, MTUS guidelines specifically indicate that topical NSAID patches have little utility in addressing shoulder pain or neuropathic pain. Given a lack of guideline support for this patient's chief complaint - in spite of documented efficacy - continued use cannot be substantiated. Therefore, this request IS NOT medically necessary.