

Case Number:	CM15-0098890		
Date Assigned:	07/16/2015	Date of Injury:	09/30/1999
Decision Date:	08/13/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/22/2015

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 (IW) is a 47-year-old female who sustained an industrial injury on 09/30/1999. Diagnoses include myalgia, chronic pain syndrome, post-laminectomy syndrome-lumbar and lumbosacral neuritis NOS. Treatment to date has included medication, spinal surgery, spinal cord stimulator (SCS), acupuncture, epidural steroid injections, ice treatments, massage therapy, chiropractic treatment, physical therapy, trigger point injections and TENS unit. According to the progress notes dated 4/1/15, the IW reported lumbar spine pain rated 8/10; pain rated 8/10 in the left buttock, leg and foot; and pain in the right leg rated 7/10. The IW stated she would not be able to function through the day without her pain medications. On examination, there was tenderness over the bilateral lumbar facets. Bilateral thoracic and lumbar paravertebral spasms were noted, as well as in the right and left sacroiliac joints. Range of motion was reduced and painful with extension and forward flexion. There was also tenderness over the SCS site. Cymbalta, Lyrica, baclofen, Protonix, Dilaudid, Vistaril and Ibuprofen were listed as current medications. A request was made for Protonix 40mg, #30 with 3 refills and Lyrica 150mg, #60 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Protonix 40mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested Protonix is not medically necessary.

One prescription of Lyrica 150mg #60 with 5 refills: Upheld

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

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 pregabalin (Lyrica), Chronic Pain Medical Treatment Guidelines state that antiepilepsy 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 no identification that the medication relieves the patient's neuropathic pain or provides any specific objective functional improvement. Antiepileptic drugs should not be abruptly discontinued but unfortunately there is no provision to modify the current request. As such, the currently requested pregabalin (Lyrica) is not medically necessary.