

Case Number:	CM15-0099253		
Date Assigned:	06/01/2015	Date of Injury:	04/08/2004
Decision Date:	07/08/2015	UR Denial Date:	04/24/2015
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

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 65 year old male, who sustained an industrial injury on April 8, 2004. He reported a crush injury of the right leg and foot. The injured worker was diagnosed as having right leg pain, neuropathic pain, leg length discrepancy, and right ankle and foot pain. On January 21, 2015, the injured worker complains of persistent sore and achy right leg pain, which is worse in the lower third of the leg. His pain is aggravated by standing and walking. The physical exam revealed anxiety and depression, a right sided antalgic gait, the use of a cane for ambulating, a right distal leg surgical scar, scar tissue from a skin graft, and dysesthesia to light touch in the right distal leg. The treatment plan includes antidepressant, anti-epilepsy, and topical pain medications. On June 30, 2014, a CT of the right leg revealed the right tibia is 2 cm longer than the left. Treatment to date has included individual psychotherapy, a cane, work modifications, home exercises, and medications including anti-epilepsy, muscle relaxant, antidepressant, and non-steroidal anti-inflammatory. On March 19, 2015, the treating psychologist noted continued affective symptoms and chronic pain. A combination of psychotherapy and the use of psychotropic medication resulted in the significant improvement of his affective symptoms. Therefore the dose of his antidepressant medication was adjusted to a lower dose. The requested treatments include Omeprazole, Sertraline, and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Omeprazole 40 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 69.

Decision rationale: The patient was injured on 04/08/04 and presents with right leg pain. The request is for 30 tablets of Omeprazole 40 mg. There is no RFA provided and the patient is to return to modified work until 02/28/15. The report with the request is not provided. MTUS Guidelines page 60 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS page 69 states, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The reason for the request is not provided. The patient is diagnosed with right leg pain, neuropathic pain, leg length discrepancy, and right ankle and foot pain. He has an antalgic gait on the right, uses a cane for ambulation, has dysesthesia noted to light touch in the right distal leg. The patient is diagnosed with cervical foraminal stenosis C3-4, C4-5, and C5-6 and myelopathy status post fusion, discectomy/internal fixation, radiculopathy C5, C6, C7, and C8 bilateral right greater than left weakness P/O right, lupus, carpal/ Guyon tunnel syndrome, and depression. As of 01/21/15, the patient is taking Sertraline and Lyrica. There are no prescribed NSAIDs listed. Although the patient is 65 years old, he does not have a history of peptic ulcer disease and GI bleeding or perforation, does not have concurrent use of ASA or corticosteroid and/or anticoagulant, and does not have high-dose/multiple NSAID. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of rationale for its use, the requested Omeprazole is not medically necessary.

60 tablets of Sertraline 50 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants medications for chronic pain Page(s): 13-15, 60.

Decision rationale: The patient was injured on 04/08/04 and presents with right leg pain. The request is for 60 tablets of Sertraline 50 MG. There is no RFA provided and the patient is to return to modified work until 02/28/15. The patient has been taking this medication as early as 12/17/14. MTUS guidelines page 13 to 15 on antidepressants states, "recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agents unless they are ineffective, poorly tolerated, or contraindicated." Assessments of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration and psychological assessment. The treater does not provide reason for the request. The

patient is diagnosed with right leg pain, neuropathic pain, leg length discrepancy, and right ankle and foot pain. He has an antalgic gait on the right, uses a cane for ambulation, has dysesthesia noted to light touch in the right distal leg. The patient is diagnosed with cervical foraminal stenosis C3-4, C4-5, and C5-6 and myelopathy status post fusion, discectomy/internal fixation, radiculopathy C5, C6, C7, and C8 bilateral right greater than left weakness P/O right, lupus, carpal/ Guyon tunnel syndrome, and depression. The 02/25/15 psychological treatment report states that the patient has "psychological symptoms resultant from an industrial injury." MTUS page 60 states that pain assessment and functional changes must be noted when medications are used for chronic pain. In this case, the treater provides no before and after pain scales and there is no discussion provided regarding how Sertraline has impacted the patient's pain and function. Due to lack of documentation, the request is not medically necessary.

30 tablets Lyrica 75 mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Pregabalin Lyrica Page(s): 19-20.

Decision rationale: The patient was injured on 04/08/04 and presents with right leg pain. The request is for 30 tablets Lyrica 75 mg. The utilization review denial letter did not provide a rationale. There is no RFA provided and the patient is to return to modified work until 02/28/15. MTUS Guidelines, pages 19-20, have the following regarding Lyrica: (Pregabalin) Lyrica, no generic available "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." It further states, "Weaning: Do not discontinue pregabalin abruptly and weaning should occur over 1-week period. Withdrawal effects have been reported after abrupt discontinuation." The patient is diagnosed with right leg pain, neuropathic pain, leg length discrepancy, and right ankle and foot pain. He has an antalgic gait on the right, uses a cane for ambulation, has dysesthesia noted to light touch in the right distal leg. The patient is diagnosed with cervical foraminal stenosis C3-4, C4-5, and C5-6 and myelopathy status post fusion, discectomy/internal fixation, radiculopathy C5, C6, C7, and C8 bilateral right greater than left weakness P/O right, lupus, carpal/ Guyon tunnel syndrome, and depression. The 12/17/14 report states that "Lyrica is helping for his pain." In this case, Lyrica is beneficial to the patient's pain and function and the patient presents with neuropathic pain. Therefore, the request is medically necessary.