MAXIMUS Federal Services

Case Number:	CM14-0103742		
Date Assigned:	07/30/2014	Date of Injury:	03/03/2002
Decision Date:	09/30/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/07/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49-year-old female who has submitted a claim for s/p L4-L5 and L5-Si artificial disc replacement, bilateral lower extremity neuropathic pain, chronic pain syndrome, chronic thrombophlebitis (hx of DVT and chronic anticoagulation with Plavix and aspirin), depression secondary to chronic pain syndrome, and GI issues secondary to medication associated with an industrial injury date of 3/3/2002. Medical records from 12/2013 up to 7/2014 were reviewed showing low back and left lower extremity pain. She describes a painful numbness and tingling that travels down to her left leg. She also complains of constipation due to her medications. She also has right shoulder pain. She rated her pain at 5/10 with medications and 10/10 without medications. The patient noted improvement in pain as well as improvement in function with intake of medications. She noted 50% improvement in pain level and function. She is able to participate in her ADLs; without medication, she is confined to a bed/chair. She previously was trialed to taper off of her medication. This has led to a decrease in function. Physical examination revealed appropriate mood. Her gait is slightly antalgic, unassisted. Low back examination showed bilateral paraspinous tenderness left greater than the right with 1+ muscle spasms. ROM is limited secondary to pain. Lower extremity exam revealed positive SLR on the left at 30 degrees. There is hypesthesia over the left posterolateral calf. Treatment to date has included Pristiq 50mg, Lyrica 75mg, omeprazole 20mg, Norco, Vicodin, Klonopin, Ambien, Senokot, Soma, Aspirin, Plavix, artificial disc replacement at L4-L5 and L5-S1, vascular stent, and Lidoderm patches. Utilization review from 6/4/2014 denied the request for Pristiq 50mg #30, Prilosec 20mg #60, and modified the request for Lyrica 75mg #60 to #30. Regarding Pristiq and Lyrica, there is no documentation of objective functional improvement as a result of ongoing use. It is unclear if the patient is using Pristiq for depression or neuropathic pain. Modify Lyrica

to #30 to initiate weaning. Regarding Prilosec, there is no evidence of cardiovascular disease or increased risk for gastrointestinal events that would warrant its ongoing use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq 50mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Mental Illness & Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-14.

Decision rationale: As stated on page 13-14 of California MTUS Chronic Pain Medical Treatment Guidelines, antidepressants are recommended as a first line option for depression and neuropathic pain, and as a possibility for non-neuropathic pain. Recent reviews recommended tricyclic antidepressants and SNRIs as first line options. Pristiq is desvenlafaxine, a serotonin norepinephrine reuptake inhibitor (SNRI). In this case, the patient has been taking Pristiq 50mg since at least 12/2013. She is diagnosed with depression secondary to chronic pain. PR dated 5/8/2014 states that Pristiq is used for her depression. She is currently doing better. Her mood is stable and appropriate. Therefore, the request for PRISTIQ 50MG #30 is medically necessary.

Prilosec 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, GI Symptoms Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: As stated on page 68 of California MTUS Chronic Pain Medical Treatment Guidelines, medications such as omeprazole are recommended for patients with complaints of gastritis, GERD or dyspepsia. Prophylactic use is supported by California MTUS when specific criteria are met, which include: age 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, the patient has been taking omeprazole since at least 12/2013. PR dated 6/23/2014 noted that patient has a history of peptic ulcer disease. She also has chronic thrombophlebitis (with history of DVT) and is on chronic anticoagulation with aspirin and Plavix. In addition, she also has symptoms of gastritis and dyspepsia secondary to her multiple medications. Therefore, the request for PRILOSEC 20MG #60 is medically necessary.

Lyrica 75mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20.

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

Decision rationale: According to page 19 of the California MTUS Guidelines on Chronic Pain Management, 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. In this case, the patient has been using Lyrica since at least 12/2013. Clinical manifestations of low back pain radiating to the left lower extremity, associated with numbness and tingling sensation are consistent with neuropathic pain; hence, pregabalin is a reasonable treatment option. A report from 05/08/2014 stated that current medications provided decreased pain severity from 10/10 to 5/10, and allowed her to perform activities of daily living. Guideline criteria were met. Therefore, the request for Lyrica 75MG #60 is medically necessary.