

Case Number:	CM14-0140667		
Date Assigned:	09/10/2014	Date of Injury:	04/17/2011
Decision Date:	10/22/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/29/2014

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 Texas and Ohio. 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 injured worker is a 43-year-old female who reported an injury on 04/17/2011. The mechanism of injury was not provided. On 07/24/2014, the injured worker presented with bilateral shoulder pain. Current medications included Lyrica. Upon examination, the injured worker's mood and affect were moderately blunted. The injured worker was awake, alert, and oriented appropriately to person, place, time, and event and in no apparent distress. Upper extremities noted positive crepitus with passive range of motion of the shoulders and trigger points palpated in the upper and lower trapezius region, sternocleidomastoid area bilaterally, and subdeltoid region. There was a positive bilateral Adson's and Hawkins' test and a positive Neer's test. The diagnoses were rotator cuff syndrome bilaterally and chronic rotator cuff impingement/tendinitis bilaterally. The provider recommended Lyrica and a psychiatric consultation; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: The request for Lyrica 50 mg #30 is not medically necessary. California MTUS Guidelines state that Lyrica has been shown to be effective for diabetic painful neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. 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 to adverse effects. The injured worker has been prescribed Lyrica previously; however, the efficacy of the medication was not documented. The provider did not provide a rationale for continued use of this medication. Additionally, the provider did not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Psychiatric consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), Cognitive Behavior Therapy Guidelines for Chronic Pain Pag.

Decision rationale: The request for a psychiatric consultation is not medically necessary. The California MTUS Guidelines recommend a psychotherapy referral after a 4 week lack of progress from physical medicine alone. An initial trial of 3 to 4 visits over 2 weeks would be recommended and with evidence of objective functional improvement a total of up to 6 to 10 visits over 5 to 6 weeks would be recommended. The requesting physician did not include an adequate psychological assessment including quantifiable data in order to demonstrate significant deficits which would require therapy as well as establish a baseline as by which to assess improvements during therapy. There is a lack of documentation of depression, anxiety, or any mental health issues that needed to be addressed in the included documentation. As such, medical necessity has not been established.