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Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

58
[redacted]

Dated: 12/18/2013

IMR Case Number:	CM13-0008063	**Date of Injury:**	04/18/2012
Claims Number:	[redacted]	**UR Denial Date:**	07/23/2013
Priority:	STANDARD	**Application Received:**	08/06/2013
Employee Name:	[redacted]		
Provider Name:	[redacted]		
Treatment(s) in Dispute Listed on IMR Application:			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

DEAR [redacted] ,

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: PARTIAL OVERTURN. This means we decided that some (but not all) of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [redacted]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from (Claims Administrator)
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 46 year old female who sustained a work injury on 4/18/2012 after slipping and falling on an uneven portion of a cement walkway. Patient fell on the right side of her body with immediate pain of her right knee and right arm. Patient broke her right foot and underwent internal fixation while developing complex regional pain syndrome of the right lower extremity. The relevant diagnosis in this case includes:complex regional pain syndrome of the right lower extremity, probable left lower extremity complex regional pain syndrome and right foot and ankle pain. Per progress notes patient has been on multiple medication for pain control including Lyrica, Zanaflex, Percocet, Trazodone, Oxycontin and cymbalta. It is noted in the progress notes that without her usual pain medications the patient has a decrease in her ADL's. Per progress note dated 9/26/2013 patient has noticed improvement in standing and walking for longer periods of time while taking Lyrica. The relevant issue in this case is whether 90 Zanaflex 4mg and Lyrica 75mg is medically necessary.

IMR DECISION(S) AND RATIONALE(S)

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

1. Zanaflex 4mg #90 is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Muscle Relaxants (for pain), page 63-64 and page 66, which is part of the MTUS.

The Physician Reviewer's decision rationale:
The MTUS guidelines indicate Zanaflex is recommended for spasticity and low back pain. Additionally, the guidelines indicate that muscle relaxants are used for short-term treatment of acute exacerbations of low back pain and not for prolonged use. After careful review of the medical records and documentation provided to there is no record of the employee having spasticity or issues such as this. Furthermore, the records indicate the employee's chief complaint is right foot pain instead of low back. **The request for Zanaflex 4mg #90 is not medically necessary and appropriate.**

2. Lyrica 75mg is medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Antiepilepsy drugs (AEDs)page 16 and Pregabalin (Lyrica®), page 99, which is part of the MTUS.

The Physician Reviewer's decision rationale:
The MTUS guidelines indicate the continuation of anti-epileptic drugs is dependent on improved outcomes. The medical records submitted and reviewed indicate the employee is experiencing a beneficial outcome with the use of Lyrica. Specifically, activities of daily living are increased and the employee is able to walk and stand for longer periods of time. **The request for Lyrica 75mg is medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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CM13-0008063