

Case Number:	CM13-0013855		
Date Assigned:	03/10/2014	Date of Injury:	04/18/2012
Decision Date:	04/28/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/20/2013

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 Occupational 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 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 female, with date of injury on 4/18/2012. Per primary treating physician's progress note, the injured worker complains of pain and discomfort of the right lower extremity. She states that she has difficulty performing activities of daily living due to the pain. On exam, she has a well bandaged lumbar spine, with spinal cord stimulator leads seen to be exiting from underneath the bandage. The lumbar spine range of motion is limited with flexion, which causes increased low back pain and tightness. The bilateral buttocks and bilateral lumbar paraspinal muscles are very stiff to palpation. She ambulates with a noticeable limp. There is swelling and discoloration at her right ankle and foot. The diagnoses include: 1) Right lower extremity complex regional pain syndrome; 2) Probable left lower extremity complex regional pain syndrome; and 3) Right foot and ankle pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE (3) MONTH SUPPLY OF ZANAFLEX 4MG BETWEEN 6/5/2013 AND 6/5/2013:
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 MUSCLE RELAXANTS(FOR PAIN) Page(s): 63-66.

Decision rationale: Zanaflex is FDA approved for the management of spasticity. The Chronic Pain Guidelines indicate that the use of muscle relaxants for pain is recommended with caution as a second-line option for short term treatment of acute exacerbation in patients with chronic low back pain. There is some support for using Zanaflex in the treatment of myofascial pain syndrome and as an adjunct treatment for fibromyalgia. The injured worker has spasticity of the buttocks and low back paraspinal muscles. She may have benefited from short term use of this medication, but refilling this medication, especially for three (3) months, is not supported by the guidelines for the treatment of spastic muscles in the low back and buttocks. The request for Zanaflex 4 mg, three (3) month supply, is determined to not be medically necessary.

THREE (3) MONTH SUPPLY OF LYRICA 75MG BETWEEN 6/5/2013 AND 6/5/2013:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS Page(s): 16-20.

Decision rationale: The treating provider reports that with the use of Lyrica, the injured worker has noticed an improvement in her ability to stand and walk for longer periods of time on her right foot. It is reported that she suffers from complex regional pain syndrome of the right lower extremity, and she has failed conservative treatment and continues to complain of pain in the right lower extremity particularly in the foot and ankle. The Chronic Pain Guidelines support the use of Lyrica for the treatment of diabetic neuropathy and postherpetic neuralgia. Antiepileptic drugs are recommended for the treatment of neuropathic pain. The injured worker does appear to have neuropathic pain based on the clinical reports, and the use of Lyrica has provided increased function. The request for Lyrica 75 mg, three (3) month supply is determined to be medically necessary.