

Case Number:	CM13-0024051		
Date Assigned:	11/20/2013	Date of Injury:	11/18/2008
Decision Date:	01/28/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/13/2013

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, has a subspecialty in Pulmonary Diseases 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.

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 48-year-old male with a reported date of injury on 11/18/2008. The patient presented with constant low back pain with occasional lower extremity pain, pain radiation down to the ankle and foot, difficulty performing activities of daily living due to pain, discomfort of the low back and lower extremity, limited range of motion in the lumbar spine, painful range of motion of the lumbar spine, tenderness to palpation of the bilateral lumbar paraspinal muscles, and stiffness to palpation of the bilateral lumbar paraspinal muscles. The patient had diagnoses included mechanical low back pain, failed back surgery syndrome lumbar, lumbar degenerative disc disease, left lower extremity radiculopathy, and probable lumbar facet joint arthropathy. The physician's treatment plan included requests for Robaxin 500 mg 1 twice a day #60 and Lyrica 100 mg 3 times a day #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg 1 BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Within the provided documentation, the requesting physician's rationale for the request was unclear. Additionally, it did not appear the patient had signs and symptoms that would indicate the patient's need for medication. Therefore, the request for Robaxin 500 mg 1 twice a day #60 is neither medically necessary nor appropriate.

Lyrica 100mg TID #90: Upheld

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

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

Decision rationale: The California MTUS guidelines note Lyrica is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The guidelines note there are so few trials (with such small sample size) that treatment is generally based on that recommended for peripheral neuropathy, with gabapentin and pregabalin for use with central pain. A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. The guidelines recommend the use of Lyrica for patients with fibromyalgia. Within the provided documentation, it did not appear the patient had a diagnosis of diabetic painful neuropathy or postherpetic neuralgia that would indicate the patient's need for the medication at this time. Within the provided documentation, the requesting physician's rationale for the request is unclear. Additionally, the requesting physician did not include documentation of significant objective functional improvement with the use of the medication. Therefore, the request for Lyrica 100 mg 3 times a day #90 is neither medically necessary nor appropriate.