

Case Number:	CM13-0044918		
Date Assigned:	12/27/2013	Date of Injury:	05/16/2011
Decision Date:	04/30/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/29/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, upper back, and neck pain reportedly associated with an industrial injury of May 16, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; muscle relaxants; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of October 21, 2013, the claims administrator denied a request for Duexis, partially certified Lyrica, reportedly on a trial basis, and partially certified a request for Final Determination Letter for IMR Case Number [REDACTED] [REDACTED] Robaxin, again allowing the attending provider to submit evidence of ongoing efficacy of the medication in question. The applicant's attorney subsequently appealed. A December 19, 2013 progress note is notable for comments that the applicant reports worsening low back pain radiating to the right leg. The applicant is complying with home exercises. The applicant was asked to discontinue Robaxin owing to inefficacy. Baclofen was introduced. Lyrica and Duexis were also endorsed. An earlier note of October 31, 2013 is notable for comments that the applicant is currently off of work, seemingly on paid time off. Duexis, Lyrica, and Robaxin were endorsed. An earlier note of June 28, 2013 is notable for comments that the applicant is returned to regular duty work. The applicant is asked to continue Lidoderm patches, Soma, and Lyrica. Epidural steroid injection therapy was sought. An earlier note of May 30, 2013 was again notable for comments that the applicant was reportedly working full duty, 64 hours a week. The applicant is moving around, is reportedly no longer on Soma, and has been issued Lyrica to try and replace the Soma. The applicant is asked to continue at-home self care and home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

USAGE OF DUEXIS #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN PROCEDURE SUMMARY, DUEXIS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 69.

Decision rationale: Duexis is an amalgam of ibuprofen and Famotidine, per the National Library of Medicine (NLM). Famotidine is an H2 antagonist. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of H2 antagonist in individuals with NSAID-induced dyspepsia, in this case, however, there is no mention of any issues with dyspepsia, reflux, and/or heartburn, either NSAID-induced or stand-alone. No compelling case has been made for usage of Duexis over a non-selective NSAID. Therefore, the request is not certified, on Independent Medical Review.

LYRICA 50MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PREGABALIN Page(s): 99.

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, pregabalin or Lyrica is considered a first-line treatment for neuropathic pain. In this case, the claimant does seemingly carry a diagnosis of lumbar radiculopathy, a neuropathic issue. Ongoing usage of Lyrica to combat the same is indicated and appropriate, particularly as the attending provider has seemingly posited that ongoing usage of the same has allowed the applicant to achieve and/or maintain return to work status, and perform self care and home exercises, which coupled with the fact that the attending provider has seemingly suggested that ongoing usage of Lyrica has diminished the applicant's reliance on other medications, including Soma, which has now apparently been discontinued. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.

ROBAXIN 500MG: 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.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Robaxin are recommended with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. Robaxin is not recommended for the long term, chronic, and/or scheduled use for which it is being proposed here. It is further noted that the attending provider has, furthermore, acknowledged on progress notes following the Utilization Review Report that Robaxin was ultimately unsuccessful. For all of the stated reasons, then, the request is not certified, on Independent Medical Review.