

Case Number:	CM13-0058306		
Date Assigned:	12/30/2013	Date of Injury:	12/17/2009
Decision Date:	05/15/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/27/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 55-year-old male who reported an injury on 12/17/2009, after he stepped in a hole. The injured worker reportedly sustained an injury to his left shoulder, left brachial plexus, low back, neck and right knee. The injured worker's treatment history included oral medications, physical therapy, epidural steroid injections, and surgical interventions. The injured worker was evaluated on 11/04/2013. It was documented that the patient has pain rated from a 7/10 to 10/10 that is reduced to 6/10 with medications. The injured worker's medications at that appointment included Norco 10/325 mg, Flexeril 10, and Lyrica 75 mg. Physical findings included diffuse tenderness to palpation of the lumbar a cervical spine. The injured worker's diagnoses included chronic low back pain, bilateral lower extremity pain, neurogenic claudication and degenerative disc disease, chronic left scapular pain, left upper extremity pain and left hand numbness and tingling. No treatment plan was provided for review from that appointment. A request was made for 1 prescription for Soma with 3 refills and Lyrica with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Soma 350mg #60 with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Page(s): 63.

Decision rationale: The requested prescription for Soma 350 mg #60 with 3 refills is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the use of muscle relaxants in the management of chronic pain. Muscle relaxants are recommended for short durations of treatment not to exceed 2 to 3 weeks for acute exacerbations of pain. The clinical documentation submitted for review does not indicate that the injured worker is experiencing an acute exacerbation of pain that would benefit from a muscle relaxer. Additionally, the requested quantity exceeds the 2 to 3 week treatment recommendation by the California Medical Treatment Utilization Schedule. There are no exceptional factors within the documentation to support extending treatment beyond guideline recommendations. As such, the requested Soma 350 mg #60 with 3 refills is not medically necessary or appropriate.

One prescription of Lyrica 75mg #120 with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Antiepilepsy drugs (AEDs), Page(s): 60,16.

Decision rationale: requested Lyrica 75 mg #120 with 3 refills is not medically necessary or appropriate. The clinical documentation submitted for review indicated that the injured worker has been taking this medication since at least 2010. The California Medical Treatment Utilization Schedule does recommend the use of anticonvulsants as first-line medications in the treatment of chronic pain. However, the California Medical Treatment Utilization Schedule states that continued use of medications in the management of chronic pain be supported by documentation of functional benefit and evidence of significant pain relief. The clinical documentation submitted for review does indicate that the patient has pain relief from a 7/10 to 10/10 to a 6/10 with medication usage. However, there is no documentation of significant functional benefit as a result of medications usage. Additionally, the quantity requested with 3 refills does not allow for timely re-assessment and evaluation of the medication usage. Also, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Lyrica 75 mg #120 with 3 refills is not medically necessary or appropriate.