

Case Number:	CM14-0007266		
Date Assigned:	02/12/2014	Date of Injury:	12/04/2007
Decision Date:	08/07/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/20/2014

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 patient is a 53-year-old female who has submitted a claim for RSD/CRPS-I of the left lower extremity associated with an industrial injury date of December 4, 2007. Medical records from 2013 to 2014 were reviewed. The patient complained of left ankle pain especially on ambulation. Right foot pain involving the dorsum and plantar surfaces were reported as well. She was being treated for RSD/CRPS-I and has been steadily improving on the neurologic side with color improvement. Physical examination of the right lower extremity showed a right-sided antalgic gait; minimal diffuse swelling over the foot and ankle; tenderness over the peroneus, anteromedial aspect of the ankle joint, and 1st metatarsal head and sesamoids; and minimal tenderness over the plantar fascia. There was limitation of motion of the left ankle. The diagnoses were status post trauma to the left lower extremity; post traumatic RSD, left ankle; internal derangement of the left ankle joint; and plantar fasciitis and symptomatic talonavicular osteoarthritis, right foot. Treatment plan includes a request for pain medication refill. Treatment to date has included oral and topical analgesics, foot orthotics and night splint, physical therapy, left ankle injections, and chiropractic therapy. Utilization review from December 20, 2013 denied the requests for Flexeril 100mg with 1 refill; tramadol 50 mg with 1 refill; and Lyrica 100mg with 1 refill. The reasons for denial were not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 100MG WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, Flexeril intake was noted as far back as February 2013. However, there were no documentation of muscle spasms or acute exacerbation of pain. Moreover, there was no objective evidence of failure of first-line medications to relieve pain. The guideline does not recommend prolonged use of Flexeril. There was no compelling rationale for continued use of this medication. In addition, the request did not specify the amount to dispense. Therefore, the request for Flexeril 100mg With 1 Refill is not medically necessary.

TRAMADOL 50 MG WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), ; Opioids, criteria for use; On-Going Management Page(s): 93-94, 113, 78.

Decision rationale: According to page 93-94 and 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. Page 78 states that there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, tramadol intake was noted as far back as July 2011. However, there was no objective evidence of continued analgesia and functional improvement directly attributed from its use. Moreover, there were no urine drug screens done to monitor for aberrant drug taking behavior. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. In addition, the request did not specify the amount to dispense. Therefore, the request for Tramadol 50 mg With 1 Refill is not medically necessary.

LYRICA 100MG WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 19-20.

Decision rationale: According to pages 19-20 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Lyrica has been documented to be effective in the treatment of diabetic

neuropathy and postherpetic neuralgia. It has FDA approval for both indications, and is considered first-line treatment for both. In this case, Lyrica intake was noted as far back as February 2013. However, there was no objective evidence of overall pain improvement and functional gains from its use. Furthermore, the records did not show that the patient suffered from diabetic neuropathy or postherpetic neuralgia. There is no clear indication for continued use of this medication. The medical necessity has not been established. In addition, the request did not specify the amount to dispense. Therefore, the request for Lyrica 100mg With 1 Refill is not medically necessary.