MAXIMUS Federal Services

Case Number:	CM14-0009963		
Date Assigned:	02/21/2014	Date of Injury:	07/06/2004
Decision Date:	07/25/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/24/2014

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:

This is a 65-year-old female with a date of injury of 7/6/04. The mechanism of injury occurred when she stepped backward and fell, striking her head on the floor with loss of consciousness. She injured her spine, hand, arm, leg, shoulder, elbow and head. A medical review of records on 11/13/13, noted that on June 5, 2013, she reported left hip pain that was overall severe and frequent and interferes with her gait. On exam, there was left hip tenderness and pain over the left piriformis muscle. The diagnostic impression is cervical strain/trapezial strain, left hip sprain, greater trochanter bursitis and Radiculopathy. Treatment to date: medication management.A UR decision dated 1/13/14, denied Lyrica and Skelaxin. The request for Lyrica and Skelaxin is to refill both medications. The supplied information was scant and incomplete. There was no discussion or documentation of the objective functional improvement received by the patient with this medication regimen, or any adverse effects from the medication regimen that may preclude use.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 75 MG #120: 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 Page(s): 20.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. On 11/9/12, a re-evaluation of medical records showed the patient reporting continued severe pain and stiffness in the neck, upper back, lower back region, right hip, right knee and right ankle which are overall unchanged. A 1/17/13 cervical spine magnetic resonace imaging (MRI) showed bilateral neuroforaminal narrowing, and a lumbar spine MRI showed only degenerative changes with no foraminal narrowing or nerve root compression. Symptoms have no been specific about nerve root paths for radicular pain, but have more described tingling/numbness and not pain. Exams have documented normal sensation of the extremities and Electromyography/nerve conduction velocity studies have been said to show generalized peripheral neuropathy of the legs to explain numbness and tingling (not pain). The diagnosis included thoracolumbar musculoligamentous sprain/strain with left lower radiculopathy, and bilateral upper extremity radiculitis. Notes do not document any kind of relief from Lyrica nor document functional benefits. Therefore, the request for Lyrica 75mg #120 was not medically necessary.

SKELAXIN 800 MG #60: Overturned

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 Page(s): 63 - 66.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond Non-steroidal anti-inflammatory drug (NSAIDs) in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There was no documentation noted of an acute exacerbation of the patients's chronic pain. However, the 4/30/13 and 7/3/13 medical reports mention leg and back spasms that resulted in falls on four occasions. Skelaxin is being prescribed BID prn. Since the patient has acute episodes of spasms that could result in falls, the request for Skelaxin 800mg #60 was medically necessary.