

<b>Case Number:</b>	CM14-0018513		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	11/10/2001
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Physical Medicine & Rehabilitation 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 49 year-old patient sustained an injury on 11/10/2001. Request(s) under consideration include one prescription of Flexeril 10mg #90, 1 prescription of Lyrica 50mg, one prescription of Voltaren. The provider noted the patient has medical marijuana for management of his chronic low back pain. Medications also list Tramadol, Flexeril, Lyrica, and Voltaren. The patient continues to treat for chronic right shoulder pain and low back pain status post(s/p) lumbar surgery with subsequent hardware removal. Report of 1/23/14 from the provider noted severely depressed patient with significant anxiety. Exam showed decreased lumbar range of motion, tenderness over lower back from L2-L5; positive Patrick's and straight leg raise testing; with intact bilateral lower extremities sensation. Conservative care has included sacroiliac (SI) joint injection, chiropractic care, physical therapy, and medication management. There is history of inconsistent urine drug screening and excessive opioid use without change in treatment plan despite possible aberrant drug behaviors. Request(s) for one prescription of Flexeril 10mg #90, 1 prescription of Lyrica 50mg, 1 prescription of Voltaren were non-certified on 2/4/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF FLEXERIL 10MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS.

**Decision rationale:** This 49 year-old patient sustained an injury on 11/10/2001. Request(s) under consideration include one prescription of Flexeril 10mg #90, one prescription of Lyrica 50mg, one prescription of Voltaren. The provider noted the patient has medical marijuana for management of his chronic low back pain. Medications also list Tramadol, Flexeril, Lyrica, and Voltaren. The patient continues to treat for chronic right shoulder pain and low back pain status post(s/p) lumbar surgery with subsequent hardware removal. Report of 1/23/14 from the provider noted severely depressed patient with significant anxiety. Exam showed decreased lumbar range of motion, tenderness over lower back from L2-L5; positive Patrick's and straight leg raise testing; with intact bilateral lower extremities sensation. Conservative care has included sacroiliac (SI) joint injection, chiropractic care, physical therapy, and medication management. There is history of inconsistent urine drug screening and excessive opioid use without change in treatment plan despite possible aberrant drug behaviors. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2001. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use. The one prescription of Flexeril 10mg #90 is not medically necessary and appropriate.

**1 PRESCRIPTION OF LYRICA 50MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PREGABALIN (LYRICA) Page(s): 100.

**Decision rationale:** This 49 year-old patient sustained an injury on 11/10/2001. Request(s) under consideration include one prescription of Flexeril 10mg #90, one prescription of Lyrica 50mg, one prescription of Voltaren. The provider noted the patient has medical marijuana for management of his chronic low back pain. Medications also list Tramadol, Flexeril, Lyrica, and Voltaren. The patient continues to treat for chronic right shoulder pain and low back pain status post(s/p) lumbar surgery with subsequent hardware removal. Report of 1/23/14 from the provider noted severely depressed patient with significant anxiety. Exam showed decreased lumbar range of motion, tenderness over lower back from L2-L5; positive Patrick's and straight leg raise testing; with intact bilateral lower extremities sensation. Conservative care has included sacroiliac (SI) joint injection, chiropractic care, physical therapy, and medication management. There is history of inconsistent urine drug screening and excessive opioid use without change in treatment plan despite possible aberrant drug behaviors. Pregabalin (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. This anti-epileptic medication may be helpful in the treatment of radiculopathy and would be indicated if there is documented significant benefit. It appears the medication has been prescribed for quite some time; however, there is no documented functional improvement as the patient continues with constant severe pain level. The clinical exams submitted have no documented neurological deficits or identified any neuropathy. Submitted medical reports have not adequately demonstrated indication and functional benefit to continue ongoing treatment with this anti-epileptic. The one prescription of Lyrica 50mg is not medically necessary and appropriate.

## **1 PRESCRIPTION OF VOLTAREN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 22.

**Decision rationale:** This 49 year-old patient sustained an injury on 11/10/2001. Request(s) under consideration include one prescription of Flexeril 10mg #90, one prescription of Lyrica 50mg, one prescription of Voltaren. The provider noted the patient has medical marijuana for management of his chronic low back pain. Medications also list Tramadol, Flexeril, Lyrica, and Voltaren. The patient continues to treat for chronic right shoulder pain and low back pain status post(s/p) lumbar surgery with subsequent hardware removal. Report of 1/23/14 from the provider noted severely depressed patient with significant anxiety. Exam showed decreased lumbar range of motion, tenderness over lower back from L2-L5; positive Patrick's and straight leg raise testing; with intact bilateral lower extremities sensation. Conservative care has included sacroiliac (SI) joint injection, chiropractic care, physical therapy, and medication management. There is history of inconsistent urine drug screening and excessive opioid use without change in treatment plan despite possible aberrant drug behaviors. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs are a second line medication after use of acetaminophen especially in light of side effects of gastritis as noted by the provider. The one prescription of Voltaren is not medically necessary and appropriate.