MAXIMUS Federal Services

Case Number:	CM14-0177385		
Date Assigned:	10/30/2014	Date of Injury:	02/24/2010
Decision Date:	12/08/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/27/2014

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 patient is 34 year-old male with date of injury 10/24/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/19/2014, lists subjective complaints as pain in the back, neck and right shoulder. MRI of the lumbar spine (date not provided) was notable for multiple levels of degenerative disc disease with Schmorl's node in the superior endplate of L4 and degenerative disc disease family at the L2-3 level. Objective findings: Examination of the right shoulder revealed moderately restricted rotation and abduction on the right side. Moderate atrophy was noted on the infraspinatus muscle. Biceps tendon and acromioclavicular joint were tender on the right side. Cervical spine was tender at C5, C6, and C7 with spams. Trigger points were noted in the trapezius. Reflexes were normal. Range of motion was restricted in all planes with pain. Lumbar spine was tender at L4 and L5 with spasm and trigger points. Sensory and motor exams were normal. Straight leg raise was bilaterally negative. Diagnosis: 1. Lumbar spine pain 2. Thoracic spine degenerative disc disease 3. Lumbar spine degenerative disc disease 4. Thoracic spine spinal stenosis 5. Lumbar spine spinal stenosis 6. Right shoulder partial tear. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as three months. Original review modified medication request to 1. Lyrica 100mg, #60 and 2. Amrix 15mg, #20Medications:1.Lyrica 100mg, #120 SIG: four times a day2.Amrix 15mg, #120 SIG: four times a day3.Limbrel 500mg, #120 SIG: four times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

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

Decision rationale: The MTUS states that Lyrica has FDA approval for painful diabetic neuropathy, postherpetic neuralgia, and fibromyalgia. The patient is not diagnosed with the above indications. In addition, a recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. Lyrica 100mg #120 is not medically necessary.

Amrix 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: Amrix is Cyclobenzaprine HCl extended-release capsules. The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as Cyclobenzaprine. The patient has been taking Cyclobenzaprine for at least 3 months, long past the 2-3 weeks recommended by the MTUS. Amrix 15mg #120 is not medically necessary.

Limbrel 500mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines, Medical Food..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Medical food

Decision rationale: Limbrel is a medical food. Medical food is defined in section 5(b) of the Orphan Drug Act (21 U.s.c.360ee (b) (3)) as "a food which is formulated to be consumed or administered entirely under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Medical foods do not have to be registered with the FDA and as such are not typically subject to the rigorous scrutiny necessary to allow recommendation by evidence-based guidelines. Limbrel 500mg #120 is not medically necessary.