

<b>Case Number:</b>	CM14-0020115		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	04/18/2012
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 has submitted a claim for right lower extremity complex regional pain syndrome (CRPS) associated with an industrial injury date of April 18, 2012. The treatment to date has included oral and parenteral analgesics, muscle relaxants, home exercise programs, physical therapy, occupational therapy, aquatic therapy, intrathecal injection of Dilaudid, and lumbar sympathetic ganglion blocks. The medical records from 2013 to 2014 were reviewed and showed right leg hypersensitivity and allodynia. Physical examination findings include right lower extremity allodynia and hypersensitivity with diffuse tenderness; pain with ankle motion; and negative calf compression test. The patient was diagnosed with right lower extremity CRPS. Pain medications include Lyrica and Zanaflex taken as far back as November 2012. The patient has noticed an improvement in ability to stand and walk for longer periods of time on her right foot with Lyrica intake based on a progress report on August 1, 2013. She have received percutaneous implantation of spinal cord stimulator lead for trial basis on July 30, 2013 for the right lower extremity complex regional pain syndrome; however, the device was displaced inferiorly down the spine hence the procedure was repeated on September 24, 2013. She denies any side effects or complications from her current medications. A utilization review dated January 27, 2014 denied the request for Imitrex 50mg #60 with 3 refills due to no current complaints of headaches; perusal of prior medical records failed to locate any mention of headaches, including migraines; and prior use did not show any benefit. The request for Zanaflex 4mg #60 with 3 refills was denied due to chronic use without quantifiable improvement in terms of symptomatology or function, and no current acute exacerbations. The request for Lyrica 75mg #60 with 3 refills was also denied due to lack of response from its use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IMITREX 50MG, #60 WITH 3 REFILLS BETWEEN 1/7/2014 AND 3/13/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Sumatriptan.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Food and Drug Administration (FDA) (Sumatriptan) was used instead. The FDA states that Sumatriptan are indicated for the acute treatment of migraine attacks with or without aura in adults. Sumatriptan is not intended for the prophylactic therapy of migraine or for use in the management of hemiplegic or basilar migraine. Its safety and effectiveness have not been established for cluster headache. In this case, the patient was noted to have been diagnosed with migraine headaches based on a progress report dated March 14, 2013. However, perusal of medical records did not show complaints of headaches. The guidelines do not support use of Sumatriptan as prophylaxis for migraine headaches. The medical necessity has not been established. Therefore, the request for Imitrex 50mg, #60 with 3 refills is not medically necessary.

**ZANAFLEX 4MG, #60 WITH 3 REFILLS BETWEEN 1/7/2014 AND 3/13/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63,66.

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines state that non-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. They also show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. The MTUS also states that Zanaflex is recommended for Mucopolysaccharidoses (MPSs) and fibromyalgia; there was no mention that it is recommended for neuropathic pain. In this case, the patient has been using Zanaflex as far back as November 2012 without evidence of overall pain improvement and functional gains. Also, the most recent progress reports did not show acute exacerbations of back pain, and do not provide evidence of muscle spasm warranting the use of this medication. The medical necessity has not been established. Therefore, the request is not medically necessary.

**LYRICA 75MG, #60 WITH 3 REFILLS BETWEEN 1/7/2014 AND 3/13/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20.

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines state that anti-epileptic drugs (AEDs) are recommended for neuropathic pain. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. Lyrica has been documented to be effective in the treatment of diabetic neuropathy and post-herpetic neuralgia. Food and Drug Administration (FDA) has approval for both indications, and is considered first-line treatment for both. In this case, the patient was being prescribed with Lyrica since November 2012 for complex regional pain syndrome manifested by pain at low back and hypersensitivity and allodynia to the right lower extremity. She reports a noticeable improvement in the ability to stand and walk for longer periods of time on her right foot with Lyrica intake based on a progress report on August 1, 2013. However, this was not quantified further and the most recent progress reports failed to document pain relief or functional gains derived from its chronic use. The MTUS guidelines support the use of AEDs if there is a good response to treatment. The medical necessity has not been established. Therefore, the request is not medically necessary.