MAXIMUS Federal Services

Case Number:	CM14-0021229		
Date Assigned:	05/07/2014	Date of Injury:	02/05/1987
Decision Date:	07/09/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/20/2014

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 63 year old male who was injured on 02/05/1987. He sustained an industrial injury. The mechanism of injury is unknown. The patient's medication history includes methocarbamol, ibuprofen, gabapentin, hydrocodone, Byetta, Ambien, ACTOplus met, Zetia, Lipitor, Robaxin, and Avelox. PR-2 dated 02/04/2014 indicates the patient reports his medications are still working and he still needs them. He does not want to taper off his medication. He does not want to switch to a different medication that is easier to taper off. He complains of pain in his head, neck, back, arms, and leg. The location of his pain as being in his head, neck, arms, across his ribs, entire back with radiation into his right buttock and posterior thigh and anterior right leg. He averages his pain level, both day and night, at an 8/10. His pain level before taking medications is 10/10 and after taking medications is 6/10. The pain is aggravated by bending, twisting, lifting, sitting, and walking. His pain is improved with medication, rest, sit, sleep, strenuous activities, and spinal adjustments. He is taking hydrocodone, ibuprofen, methocarbamol, Lyrica and Gabapentin. Objective findings on exam reveal a normal gait. Thoracic kyphosis and lumbar lordosis were of normal proportions. Range of motion of the lumbar spine shows 80 degrees flexion and lumbar myotomes are 5/5. The assessment is left shoulder pain which is stable, neck pain which is stable, and back pain which is stable. The plan includes Gabapentin 400 mg #120, Norco 10/325 #120, Robaxin 750 mg #120, one by mouth 4 times daily for muscle spasm, and Motrin 600 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 50 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-22.

Decision rationale: MTUS guidelines note Lyrica is FDA-approved for diabetic neuropathy, post-herpetic neuralgia and fibromyalgia. The patient is not diagnosed with any of these conditions. Lyrica is used off-label to treat neuropathic pain. However, the patient is already taking gabapentin presumably for this purpose. Further, the medical records do not clearly establish neuropathic pain. Details are lacking with regard to pain character and distribution. Physical examination findings do not suggest neuropathy or radiculopathy. Though on EMG/NCS on 6/27/13 suggested the possibility of L3-4 radiculopathy, there are no other findings to support it. Lumbar MRI results are not provided. Furthermore, while the patient's pain is reportedly decreased and stable due to medication use, functional improvement is not established. The patient is not working. His ADL's are noted to consist of driving. Medical necessity for this medication is not established.

ROBAXIN 750 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: MTUS guidelines recommend muscle relaxants second line for short-term treatment of acute exacerbations of chronic low back pain. However, the patient has been taking this medication on a chronic basis. There is no documentation of acute exacerbation. Further, while the patient's pain is reportedly decreased and stable due to medication use, functional improvement is not established. The patient is not working. His ADL's are noted to consist of driving. Medical necessity is not established.