

Case Number:	CM14-0022458		
Date Assigned:	05/12/2014	Date of Injury:	04/21/2000
Decision Date:	07/10/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/23/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 injured worker is a 58 year old male who sustained an injury on 04/21/00 when he struck his head on a tire. The patient experienced pain in the neck upper back left shoulder and left upper extremity. Prior treatment included use of a chiropractor and epidural steroid injections. The patient underwent prior surgical intervention including ulnar nerve transposition in 01/08. The patient attended multiple post-operative physical therapy sessions following anterior cervical discectomy and fusion from C5 to C7 in 12/05. The patient had to utilize multiple medications for chronic pain. Clinical evaluation from 11/19/13 noted that the patient recently underwent trigger finger release of the middle and ring fingers of the right hand. This was followed by post-operative physical therapy. On physical examination there was slight triggering in the right index finger with mild tenderness over the A1 pulley. The patient was seen on 12/06/13 for a chronic pain and fibromyalgia visit. The reported noted suboptimal improvement with Lyrica however the response to Lyrica was better than gabapentin. The patient was unable to take antidepressants due to Coumadin issues. The patient had been prescribed Flexeril. Physical examination noted multiple fibromyalgia tender points with tenderness on flexion/extension of the digits of the right hand. The patient was recommended to increase Lyrica to 200mg three times daily in conjunction with Flexeril 10mg. There were recommendations for trigger point injections in the neck and paraspinal musculature. The patient was also recommended to continue with Lidoderm patches for fibromyalgia. Follow up on 02/07/14 recommended an increase of Lyrica to 600mg total daily dose and Flexeril. There were further recommendations for pain management evaluation to further discuss therapeutic options. Trigger point injections were again recommended and continuation of Lidoderm patches. Follow up on 05/09/14 noted significant improvement with the use of Lyrica and Flexeril. Overall the patient reported 30% relief of symptoms at with Lyrica at 600mg per day. The patient reported continuing pain

despite Norco. Physical examination remained unchanged at this visit. The requested trigger point injections, Lyrica 600mg, Flexeril 10mg, and Lidoderm patches were denied by utilization review on 02/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

Decision rationale: In regards to the requested trigger point injections, the physical examination was unspecific regarding circumscribed trigger points in the neck and paraspinal regions. The patient had multiple fibromyalgia type tender points however without evidence of ongoing trigger points indicative of chronic myofascial pain. The requested trigger point injections are not medically necessary.

LYRICA 600MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epileptics Page(s): 16-22.

Decision rationale: In regards to the request for Lyrica 600mg, this reviewer would have recommended certification for the request. The patient was utilizing Lyrica at its maximum dosage to address ongoing chronic complaints from fibromyalgia. The patient was achieving at least 30% relief of symptoms with this medication. Given that Lyrica is recommended as a first line medication in the treatment of fibromyalgia and as the patient was achieving at least 30% relief of symptoms with the current dose, the requested treatment is medically necessary.

FLEXERIL 10MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril(Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the request for Flexeril 7.5mg, this reviewer would not have recommended this medication as medically necessary. Physical examination findings did not

identify any ongoing physical examination findings consistent with persistent muscular spasms. Guidelines do not recommend chronic use of muscle relaxants as there is limited evidence in the clinical literature establishing the efficacy of this class of medication for long term use. Given the absence of any clear clinical indications for muscle relaxer the requested treatment is not medically necessary.

LIDODERM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidoderm Patches), Page Criteria for the use of Lidoderm Patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: In regards to the request for Lidoderm patches, this medication is recommended as a second line option in the treatment of neuropathic pain or peripheral localized pain when there has been a failure of first line therapy such as antidepressants or anticonvulsants. There is limited evidence in the clinical literature supporting the use of Lidoderm patches in the treatment of myofascial pain or fibromyalgia. Given the lack of indication for the use of Lidoderm patches, the requested treatment is not medically necessary.