

<b>Case Number:</b>	CM14-0027253		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/23/2007
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 and 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:

The underlying date of injury in this case is 04/23/2007. The patient's diagnoses includes status post lumbar surgery, as well as cervical and upper thoracic strains. The primary treating physician saw the patient in a follow-up appointment on 02/05/2014. The patient reportedly was doing reasonably well with his pain medication. The patient reported ongoing mid back pain and low back pain, as well as neck pain and bilateral knee pain. Regarding opioid use, the patient's pain level was reduced from an 8/10 down to 4/10. The patient reported that the pain medications allowed him to function with activities of daily living, such as dressing, walking, showering, and day-to-day activity and that otherwise he would be better with, evidence that the medication does provide functional gain. The treating physician recommended continuing with Flexeril for muscle spasms in the low back and continuing Lyrica for chronic pain, noting that the patient does not have side effects from the Lyrica at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL 10MG #30:** 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 Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not recommend the use of sedating muscle relaxants such as Flexeril and does not recommend the use of muscle relaxants in general on a chronic basis. The medical records do not provide an alternative rationale as to why this medication would be indicated on an ongoing chronic basis. This request is not medically necessary.

**LYRICA 75MG #90:** Overturned

**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 Antiepilepsy drugs (AEDs) Page(s): 17.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that after the initiation of treatment, there should be documentation of pain relief and improvement of function as well as documentation of side effects. An initial physician review discussed a treating physician report of 02/06/2014, which was based on an examination the prior day. The initial physician review recommended the non-certification of Lyrica since there was no documented benefit. However, the attending physician report of 02/06/2014 does specifically discuss functional benefit of pain medications and also specifically indicates that the patient does not report side effects from Lyrica. Given that the primary treating physician reports a primary diagnosis of lumbar radiculopathy status post surgery, the patient can be considered to have neuropathic pain, with documented efficacy from Lyrica. This request is supported by the guidelines. Therefore, this request is medically necessary.