

Case Number:	CM14-0048899		
Date Assigned:	06/25/2014	Date of Injury:	09/30/1999
Decision Date:	07/23/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/27/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 46-year-old who was injured on September 30, 1999 and also between 2001 and June 10, 2003, as well as on October 9, 2005 all involving her back. She was diagnosed with lumbar pain with radiculopathy to left leg and later postlaminectomy syndrome (lumbar). She also has a history of migraine headaches and kidney disease among many other conditions listed in her medical history as found in the notes provided. She was treated with trigger point injections, muscle relaxants, oral analgesics, massage therapy, TENS (transcutaneous electrical nerve stimulation) unit, epidural injections, anti-epileptic medication, acupuncture, physical therapy, intradiscal electrothermal therapy (IDET), and multiple back surgeries including a placement of a spinal stimulator. She continued to experience pain in her back after years of these treatments. She was seen by her pain specialist on February 6, 2014 for a regular follow-up complaining of her usual lumbar pain with radiation into her left leg all rated at a 9/10 on the pain scale (other ratings in recent previous visits ranged from 8-9/10 on the pain scale), and right leg pain was rated at a 6/10 on the pain scale. She reported not working and having difficulty sleeping. She reported taking the following medications at the time: Robaxin, Fioricet, Cymbalta, Amitiza, Nucynta, Protonix, Lyrica, Ibuprofen, Lidoderm patch, Flector patch, Kariva, and Lipitor. Physical examination was remarkable for tenderness in the lumbar area, spasm, and straight leg raise positive on the left. She was recommended to continue with her then current medications without change, and increase her activity. She was then recommended a trigger joint injection which reduced her pain by 50% reportedly. Later on March 6, 2014 reported her lumbar pain relief down to a 6/10 on the pain scale to her pain specialist, but that her headaches were still present. Physical examination was no different than the prior visit's findings. She was then recommended to continue the medications as they were except for adding on Percocet and Baclofen, and lowering Amitiza.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #60: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. It is unclear if the worker had been using her prescribed Robaxin (muscle relaxant) regularly for her muscle spasms, but it had been prescribed to her and now Baclofen was prescribed for her muscle spasms which were chronic in nature. There was no evidence that her spasm was an acute exacerbation as it had been going on for more than a month prior. Baclofen is also not ideal for those with kidney disease such as this worker and is not recommended for chronic use. The request for Baclofen 10mg, sixty count, is not medically necessary or appropriate.

Floriset 50/300mg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that barbiturate-containing analgesic agents are not recommended for chronic pain as the potential for drug dependence, overuse, and rebound headache is high, and no evidence exists that shows clinically important efficacy. The worker had been using this medication for some time with no specific reported benefit from its use. As she continues to experience headaches, it is possible that this may be partially related to the rebound effect of Fioriset. I would recommend she stop using this medication to see if her headaches become less frequent or less severe. The request for Floriset 50/300mg, fifteen count, is not medically necessary or appropriate.

Lyrica 150mg #60: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. It appears that she was using this medication for her neuropathic pain, which it is unclear what level of relief she may have achieved from it when first started, but over the past few months of use (prior to the request for renewal) she rated her pain level at an 8-9/10 level which appeared to be her baseline level even with the Lyrica being used along with all of her other medications. The documentation seems to suggest that the Lyrica was not able to provide significant (>30%) pain and functional improvements, and therefore, the Lyrica is not medically necessary. The request for Lyrica 150mg, sixty count, is not medically necessary or appropriate.