

Case Number:	CM14-0063693		
Date Assigned:	07/11/2014	Date of Injury:	03/05/2005
Decision Date:	08/19/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/06/2014

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 Emergency 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 had a reported date of injury on 3/5/2005. There were no mechanism of injury documented. The patient has a diagnosis of cervical stenosis, cervical radiculopathy and bilateral carpal tunnel syndrome. Medical records reviewed: last report available until 4/2/14. The patient complains of neck pain radiating to left shoulder. An objective exam reveals spasms to neck and paraspinals with guarding. There are noted spasms to the right sternocleidomastoid, the head rotated to the left due to torticollis. There was a good range of motion if limited by muscle spasms and pain, positive Spurling's on left and decreased sensation to L C4-5 dermatomes and normal reflexes and strength. The MRI of cervical spine(2/17/14) reveals central L sided stenosis at C4-5, multilevel degenerative changes and disc protrusion. The patient has undergone physical therapy, medication and prior botulinum injection to right sternocleidomastoid for torticollis. She has also undergone cervical epidural steroid injections with minimal improvement and is being assessed for potential cervical fusion. There was no medication list provided. She appears to be on Norco but no other medications are mentioned. Independent Medical Review were for Norflex(Orphenadrine citrate) 100mg #60 (retrospective), Lyrica 75mg #60(Retrospective ?"sample prescription"). Mediation was dispensed on 4/11/14. The prior Utilization Review (UR) on 4/28/14 recommends denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 prescription of Norflex (orphenadrine citrate) 100mg, #60:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants(for pain) Page(s): 63-65.

Decision rationale: Norflex is an anti-spasmodic type muscle relaxant. As per MTUS Chronic pain guidelines, muscle relaxants have some benefit for pain but data to support its use is very limited. It should be used with caution. As per MTUS guidelines, Norflex has an unknown mechanism of action and limited data to show efficacy. There is some risk of euphoria and side effects. Patient has documented torticollis and muscle spasms on exam. While no prior medication list was provided, it appears pt has been on Norflex in the past or chronically. However, there is no documentation of improvement in muscle spasms or close monitoring for side effects by medical provider, Norflex is not recommended. Norflex is not medically necessary and appropriate.

Retrospective request for 2 sample prescription for Lyrica 75mg, #60: 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): 16-20.

Decision rationale: As per MTUS Chronic pain guidelines, Antiepilepsy drugs(AEDs) may be useful in neuropathic pain but data is limited. Lyrica is FDA approved for diabetic neuropathy and postherpetic neuralgia only. There is no good studies to support its use in cervical spinal stenosis and radicular pains. Lyrica's off label use is not medically necessary and appropriate.