

Case Number:	CM14-0070037		
Date Assigned:	06/27/2014	Date of Injury:	02/20/2002
Decision Date:	08/08/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/02/2014

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 Texas and Florida. 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 56-year-old male who was injured on 2/20/2002. The diagnoses are right shoulder pain and right wrist pain. On 5/21/2014, the provider noted subjective complaints of pain score of 4/10 with medications and 8/10 without medications on a scale of 0 to 10. There is associated complaint of poor sleep quality. The medications are Lyrica and Norco for pain and baclofen for muscle spasms. There is no documented complaint of neuropathy or muscle spasm. The patient reported increase in activities of daily living (ADLs) with the use of the medications. The provider did not schedule a follow up appointment for the patient but recommended the patient find another provider nearer his home. A utilization review determination was rendered on 3/18/2014 recommending non certification for baclofen 10mg #30 and Lyrica 150mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for one (1) prescription of Baclofen 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 Page(s): 63-66.

Decision rationale: The CA MTUS addressed the use of antispasmodics and muscle relaxants in the treatment of muscle spasms associated with chronic pain. It is recommended that only non-sedating medications be used for periods of less than four weeks to decrease the incidence of dependency, sedation and addiction. In this case, the medical records indicate that the diagnoses are shoulder and wrist joints pain. There is no documentation of muscle spasm. The criteria for the use of Baclofen 10mg #30 are not met. As such, the request is not certified.

Prospective request for one (1) prescription Lyrica 150mg # 60: Upheld

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

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

Decision rationale: The CA MTUS addressed the use of anti-convulsant medications in the treatment of chronic pain. Lyrica can be utilized as a first-line medication in the treatment of neuropathic pain and may be beneficial in non neuropathic pain associated with psychosomatic symptoms such as mood and sleep disorder. The medical records indicate that the patient was diagnosed with wrist and shoulder joints pain not neuropathic pain. The patient is also utilizing Norco. The criteria for the use of Lyrica 150mg #60 are not met. As such, the request is not certified.