MAXIMUS Federal Services

Case Number:	CM14-0070317		
Date Assigned:	07/14/2014	Date of Injury:	05/11/2010
Decision Date:	09/10/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/15/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 46 year old male with a work injury dated 5/11/10. The diagnoses include status post electric shock injury; Status post fall from a ladder approximately six feet abovethe ground due to electrical shock, causing the following: Right shoulder residual pain status post right shoulder surgery on 08/27/10; cervical strain, thoracic strain, post traumatic head syndrome; right foot contusion; left lateral epicondylitis; secondary depression and anxiety due to chronic pain. Under consideration is a request for Flexeril 10mg BID and Lyrica 75mg one tab BID. There is a primary treating physician report dated 3/25/14 that states that he has a history of right upper extremity pain that he describes currently as 3/10 and cervical spine/thoracic spine discomfort that is currently at 2/10. He is on no medication except for his anti inflammatories. On the left elbow exam with palpation there is point tenderness in the left lateral epicondyle and extensive forearm musculature, consistent with lateral epicondylitis. The right foot exam revealed on palpation, tenderness is noted over the forefoot region, more towards the fourth andfifth metatarsal region. Ankle and foot otherwise has normal range of motion. The cervical spine muscles showed mild muscle spasm or tightness greater on the left side. There is also mild tenderness of paracervical muscles greater on the left side. There is some decreased cervical extension and right lateral flexion. Spurling sign is negative. The parathoracic muscles showed slight muscle spasm or tightness greater on the right side from T4-T7. There is also slight tenderness of parathoracic muscles greater on the right side from T4- T7. Thoracic range of motion is normal. There is some decreased right shoulder range of motion and impingement sign is mildly positive. Usual gait is normal. The patient has mild difficulty with tandem walk. Romberg test is negative with eyes closed. The patient's mood and affect are slightly depressed. The request include several medications including Lyrica 75mg one tablet b.i.d. for chronic pain

and headaches as anti-epileptic medications are considered appropriate for chronic headache prophylaxis as well as chronic pain, Flexeril for muscle spasm. Per documentation, a 12/12/12 progress report states that the patient has complaints of right shoulder pain, headaches on the right, neck pain, upper back pain, right foot and ankle pain, left elbow and forearm pain and depression. He is taking Paxil, Flexeril, and Norco. On exam, there is tenderness at the left elbow and right foot. Tenderness and spasm are present in the cervical paraspinal musculature. There is reduced cervical and thoracic spine range of motion. Right shoulder ranges of motion are reduced and the patient has a positive impingement test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg BID: 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 Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Flexeril 10 mg po bid is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Per the MTUS Chronic Pain Medical Treatment Guidelines this medication is not recommended to be used for longer than 2-3 weeks. From the documentation submitted patient has been on this medication in the past long term dating back to at least 2012 for longer than the 2-3 week recommended period without evidence of functional improvement as defined by the MTUS. The continued use of Flexeril is not appropriate and therefore the request for Flexeril 10 mg po bid is not medically necessary.

Lyrica 75mg one tab BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica, no generic available) page(s) 19. Antiepilepsy drugs (AEDs)- pages 16-18 Page(s): 19, 16-18.

Decision rationale: The guidelines state that after initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The documentation indicates that the patient has taken Lyrica long term beginning in 2012 without any evidence of significant functional improvement as defined by the MTUS. Without evidence of efficacy the request for Lyrica 75 mg po BID is not medically necessary.