

Case Number:	CM14-0089570		
Date Assigned:	07/23/2014	Date of Injury:	03/04/2000
Decision Date:	08/27/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/13/2014

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 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 injured worker is a 73 year old female injured on 03/04/00 when she tripped and fell on a rug at work hitting her left side. Current diagnoses included chronic pain syndrome, cervical spondylosis without myelopathy, post-laminectomy syndrome of the cervical spine, lumbosacral spondylosis without myelopathy, disorder of the coccyx, disorder of the sacrum, degeneration of lumbar or lumbosacral intervertebral disc, obesity, chronic kidney disease stage 4, osteoarthritis of the hand, and ankle/foot. Prior treatment modalities included cervical spine surgery, transcutaneous electrical nerve stimulation unit, chiropractic, physical therapy, interventional pain management procedures, psychotherapy without improvement, medication management, bilateral radiofrequency ablation, and caudal epidural steroid injection. The injured worker complained of neck pain radiating into the upper extremities and low back pain radiating into the right groin in addition to right knee pain. The injured worker rated pain 2-6/10. Physical examination of the neck revealed diminished range of motion restricted and painful at extremes and scar of previous anterior cervical discectomy and fusion. Physical examination of the spine revealed suboccipital/occipital tenderness, paravertebral muscles firm and tender, muscle spasm absent, facet tenderness bilaterally in low back, sciatic notch tenderness on left, and tenderness over sacrum and coccyx. The initial request for Flexeril 10mg #60, Lyrica 75mg #60 with one refill, Norco 10-325mg #120 and tramadol HCl ER 300mg #30 with one refill was non-certified on 06/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Additionally, the objective findings failed to establish the presence of spasm warranting the use of muscle relaxants. As such, the medical necessity of Flexeril 10mg #60 cannot be established at this time.

Lyrica 75mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

Decision rationale: As noted on page 99 of the Chronic Pain Medical Treatment Guidelines, Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy, post herpetic neuralgia, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. There is no indication in the documentation that the injured worker has been diagnosed with fibromyalgia or has objective findings consistent with neuropathic pain. Additionally, there is no indication of reassessment of the benefit associated with the use of Lyrica. As such, the request for Lyrica 75mg #60 with 1 refill cannot be recommended as medically necessary.

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: Based on review of the records provided, the request for Norco 10/325mg #120 is supported as medically necessary. The clinical documentation indicates the injured

worker has significant source of pain with ongoing complaints requiring chronic pain management. The decision to discontinue opioid medications should be weighed with risk to the injured worker's health due to their advanced age and comorbidities. As such, the request for Norco 10/325mg #120 is recommended as medically necessary at this time.

Tramadol HCL ER 300 mg #30 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 84, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: Based on review of the records provided, the request for tramadol HCL ER 300 mg #30 with 1 refill is supported as medically necessary. The clinical documentation indicates the injured worker has significant source of pain with ongoing complaints requiring chronic pain management. The decision to discontinue opioid medications should be weighed with risk to the injured worker's health due to their advanced age and comorbidities. As such, the request for tramadol HCL ER 300 mg #30 with 1 refill is recommended as medically necessary at this time.