

Case Number:	CM14-0092543		
Date Assigned:	09/19/2014	Date of Injury:	04/30/2003
Decision Date:	11/21/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/18/2014

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 54-year-old female who was injured on 4/30/2003, again on 8/16/2005, and continuously thereafter, leading up to 9/9/2007. She was diagnosed with lumbosacral neuritis, cervical degenerative disc disease, left knee pain, carpal tunnel syndrome, and reflex sympathetic dystrophy (RSD). She was treated with physical therapy, epidural injections in the neck and back, acupuncture, NSAIDs, Acetaminophen, antidepressants, anti-epileptics, and muscle relaxants. On 1/7/2014, the worker was seen by her orthopedic physician for an Agreed Medical Examination (AME) complaining of low back and neck pain as well as numbness and tingling in bilateral upper and lower extremities. Physical examination findings showed no spasm or tenderness of the cervical and lumbar areas and normal neurological examination except for positive Tinel's in bilateral wrists and mild decreased sensation in the median nerve distribution bilaterally. Later, on 3/31/2014, the worker was seen by her primary treating physician complaining of her low back pain and neck pain with numbness and tingling in both arms and hands. Physical examination findings were illegible. Then he recommended lumbar spine surgery and refilling her Zanaflex, Pamelor, and Lyrica medications which she had been taking chronically.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

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

Decision rationale: The MTUS 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. In the case of this worker, the documentation regarding her medications and benefit was lacking. Regardless, using a muscle relaxant as she had been using chroThe MTUS Guidelines state that muscle relaxants for muscle strain may be used as a second-line option for the short-term treatment of acute exacerbations of chronic pain, but they provide no benefit beyond NSAID (non-steroidal anti-inflammatory drug) 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. In the case of this worker, the documentation regarding her medications and derived benefit was lacking. Regardless, using a muscle relaxant chronically as she had been doing is not recommended. Therefore, the requested Zanaflex is not medically necessary. nically is not recommended. Therefore, the Zanaflex is not medically necessary to continue.

Lyrica 50 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16.

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

Decision rationale: The MTUS Guidelines state that anti-epilepsy 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. In the case of this worker, it is not clear as to why she is experiencing her numbness and tingling, but was certainly complaining of these symptoms in her arms and hands as well as her feet at times. No documentation from the provided notes showed any evidence of Lyrica reducing the worker's pain, nor was there evidence of her experiencing functional improvements related to Lyrica use. Therefore, without this documented evidence of benefit, the Lyrica is not medically necessary.

Pamelor 25 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that antidepressants for chronic pain may be used as a first-line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the antidepressant choices, unless they are not effective, poorly tolerated, or contraindicated. A trial of 1 week should be long enough to determine efficacy for analgesia and 4 weeks for antidepressant effects. Documentation of functional and pain outcomes is required for continuation, as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted. In the case of this worker, she had been using Pamelor chronically leading up to this request for a refill. She did complain of numbness and tingling with her office visits suggesting some form(s) of neuropathic pain. However, there was no documented evidence found in the notes available for review that showed functional benefit or pain-reduction (measurable) related to her Pamelor use. Therefore, the Pamelor is not medically necessary.