

Case Number:	CM14-0206980		
Date Assigned:	12/18/2014	Date of Injury:	02/19/2014
Decision Date:	02/10/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/10/2014

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 Internal Medicine, has a subspecialty in Geriatrics and is licensed to practice in New York. 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 27 year old man with a date of injury of 2/19/14. He was seen by his provider on 11/18/14 with complaints of upper back and left arm pain (6/10). Medications such as Motrin and Advil were providing temporary relief but he had burning in his forearms, wrists and fingers with difficulty sleeping, focusing and concentrating. An exam was not documented. His Lyrica and Zanaflex medications were refilled. Prior notes documented his functional status and difficulty with ADLs, IADLs, driving and work. At issue in this review is the request for a functional restoration program, Lyrica and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-10 and 49.

Decision rationale: Per the guidelines, a functional restoration program (FRPs) is a type of treatment included in the category of interdisciplinary pain programs. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to

patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Independent self-management is the long-term goal of all forms of functional restoration. This injured worker is able to complete his ADLs and IADLs though some with more difficulty than others. The notes do not discuss the rationale for why he requires this program at this point in his injury or what the treatment goals are with regards to his function and pain. The records do not support the medical necessity of a functional restoration program.

Lyrica 75mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 14-15.

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

Decision rationale: Per the guidelines, Pregabalin or Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This injured worker does not have either of these diagnoses. Additionally, the medical records fail to document any improvement in pain, functional status or a discussion of side effects to justify use. The medical necessity of Lyrica is not substantiated in the records.

Zanaflex 2mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 67.

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

Decision rationale: Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 11/14 fails to document any spasm on physical exam or improvement in pain, functional status or a discussion of side effects to justify use. The medical necessity for Zanaflex is not supported in the records.