

<b>Case Number:</b>	CM14-0031883		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/14/2009
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Rehab, has a subspecialty in Interventional spine 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 patient is a 55 year old male with a date of injury on 4/14/09. According to progress report dated 1/17/14, the patient presents with continued elbow pain. There was no change in pain level (rating was not documented). The patient reported sleep quality was fair. He reports increased activity level and able to do home chores with the aid of medications. His medications include Lidoderm, Flexaril, Lexapro, Lyrica, trazadone, Ultram and Ultram ER. MRI of the right elbow from 4/19/10 demonstrated post-surgical changes to the proximal radial shaft; mild degenerative changes most prominent at the radial-capitellum joint space. Electrodiagnostic study dated 5/25/10 was normal. Examination of the right elbow demonstrated tenderness to palpation over the lateral epicondyle, otherwise unremarkable. Examination of the left elbow demonstrated tenderness on palpation noted over the lateral epicondyle and medial epicondyle. Range of motion of right and left elbow was normal. Motor strength is decreased in bilateral elbows 3/5. His activities of daily living were manageable with medications. He was encouraged to continue with home exercise program and to apply ice after exercise. A random urine drug screen was administered to determine the current level of prescription medications and these were documented as normal. The injured worker is permanent and stationary with restrictions of not lifting greater than 10 pounds. On 2/13/14, the Utilization Review non-certified the request for Flexaril 5 mg based on no documentation of ongoing muscle spasm. The request for Lyrica 50 mg 1-3 times per day was non-certified based on normal electrodiagnostic studies and no documented evidence of painful diabetic neuropathy, post-therapeutic neuralgia or other neuropathic pain conditions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 50 mg capsule 1-3 a day Quantity 90:** Upheld

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

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

**Decision rationale:** This patient presents with chronic right elbow pain. The current request is for Lyrica 50 mg capsule 1-3 a day #90. The MTUS guidelines pages 19-20 has the following regarding Pregabalin (Lyrica), "Pregabalin (Lyrica, no generic available) 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. In June 2007 the FDA announced the approval of Pregabalin as the first approved treatment for fibromyalgia." The medical file provided for review includes 1 progress report dated 01/17/2014. This report indicates the patient's current medication is Lyrica. This is a request for refill of medications. In this case, recommendation for Lyrica cannot be made as there is no discussion of radicular symptoms to warrant the use of this medication. The patient has chronic bilateral elbow pain and arthritis. The requested Lyrica is not medically necessary.

**Flexeril 5 mg tab 2 times daily as needed Quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

**Decision rationale:** This patient presents with continued elbow pain. The current request is for Flexeril 5 mg tab 2 times daily as need #60. The MTUS Guidelines page 63 regarding muscle relaxants states, "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases they showed no benefits beyond NSAIDs in pain with overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." The medical file provided for review includes 1 progress report dated 01/17/2014 and notes that Flexeril is a current medication. This is a request for refill of 5 mg #60. The MTUS Guidelines supports the use of Flexeril for short course of therapy and not longer than 2 to 3 weeks. The requested Flexeril is not medically necessary.