

<b>Case Number:</b>	CM14-0069412		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	03/27/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Florida  
 Certification(s)/Specialty: Neurology, Pain Management

### 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 45 year old male who sustained an industrial injury on 03/27/10. Initial complaints and diagnoses are not available. Treatments to date include medications, acupuncture treatments, and a cervical fusion. Diagnostic studies are not discussed. Current complaints include neck pain radiating to the bilateral shoulders, and left wrist pain. In a progress note dated 03/28/14 the treating provider reports the plan of care as trigger point injections, Norco, Lyrica, and Tizanidine. The requested treatments are Norco, Tizanidine, and Lyrica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LYRICA 150 MG # 60 1 CAP PO Q 12 HRS WITH 2 REFILLS:** Upheld

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

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

**Decision rationale:** The medical records report a condition of musculoskeletal pain but no indication of a neuropathic pain condition. MTUS supports the use of Lyrica for neuropathic pain conditions. As the medical records do not indicate specific neuropathic pain condition, the medical records do not support the use of Lyrica at this time. The request is not medically necessary.

**ZANAFLEX 2MG #60, 1-2 TABS QHS, REFILLS 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Anti Spasmodic Page(s): 66.

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

**Decision rationale:** The medical records provided for review do not demonstrate physical exam findings consistent with spasticity or muscle spasm or myofascial spasm. MTUS supports zanaflex for the treatment of muscle spasm and spasticity. As such the medical records do not support the use of zanaflex congruent with MTUS. Therefore the request is not medically necessary.

**NORCO 10/325 MG # 180, 1 TAB PO Q 4-6 HRS WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91 AND 124.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, opioids.

**Decision rationale:** ODG guidelines support opioids for patients with persistent pain with functional gain demonstrated from use of opioids. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The medical records provided for review do document ongoing subjective benefit related to the therapy but does not indicate ongoing opioid mitigation process. As such the medical records provided for review do not support ongoing use of opioids. Therefore the request is not medically necessary.