

Case Number:	CM15-0131449		
Date Assigned:	07/17/2015	Date of Injury:	02/22/2009
Decision Date:	08/28/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/07/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 44 year old female, who sustained an industrial injury on 2/22/2009. She reported a neck injury from having a chair hit her head. Diagnoses include cervicgia, facet arthropathy, cervical postlaminectomy syndrome and myofascial pain. She is noted to have a history of an ulcerative colitis and cannot take anti-inflammatory medication. Treatments to date include activity modification, medication therapy, epidural injections, TENS unit, heat/ice, massage and acupuncture and physical therapy. Currently, she complained of neck pain associated with left trapezius/left shoulder, between the shoulder blades with tingling and weakness. Pain was rated 5/10 VAS. On 6/19/15, the physical examination documented restricted range of motion in the cervical spine with positive facet loading and trigger points noted. The plan of care included Lyrica capsule 150mg, one tablet every morning and two tablets every evening, #90 and Valium 5mg, one tablet three times a day as needed, #75.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica capsule 150mg #90 last filled 2/9/2015: 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 Page(s): 19-20.

Decision rationale: 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. The medical records fail to document any improvement in pain, functional status or a discussion of side effects specifically related to Lyrica nor a diagnosis of diabetic neuropathy or postherpetic neuralgia to justify use. The medical necessity of Lyrica is not substantiated in the records.

Valium 5mg #75 last filled 2/9/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: Per the guidelines, benzodiazepenes are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The MD visit does not document any significant improvement in pain or functional status or a discussion of side effects specifically related to Valium to justify use. In this injured worker, the records do not document medical necessity.