

<b>Case Number:</b>	CM15-0145140		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	04/02/2001
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	07/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54 year old male, who sustained an industrial injury on 04-02-2011. The injured worker is currently off work. The injured worker is currently diagnosed as having major depressive disorder, somatic symptom disorder with predominant pain, status post extension of fusion to L3-4, chronic pain syndrome, and status post posterior lumbar decompression with fixation at L5-S1. Treatment and diagnostics to date has included lumbar discectomy and interbody fusion at L3-L4, lumbar epidural steroid injection, cognitive behavioral therapy, and use of medications. In a progress note dated 07-10-2015, the injured worker presented for a follow up. Objective findings included an antalgic gait with use of a cane. The treating physician reported requesting authorization for Lyrica and Baclofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 50 mg #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient presents with diagnoses include major depressive disorder, somatic symptom disorder with predominant pain, and status post extension of fusion to L3-4, chronic pain syndrome and status post posterior lumbar decompression with fixation at L5-S1. The current request is for Lyrica 50mg, quantity 90 with 2 refills. The Utilization Review dated 7/18/15 (4A) modified the request and approved only one prescription rather than the requested two refills. The treating physician states in the treating report dated 7/10/15 (82B), "I prescribed: Lyrica 50 mg tid #90 with 2 refills". MTUS guidelines support the usage of Lyrica for neuropathic pain, diabetic neuropathy and postherpetic neuralgia. In this case, as noted in the clinical history the patient does indeed suffer from neuropathic pain however, ongoing usage requires appropriate supporting documentation as outlined in MTUS: "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use". The current request is not medically necessary.

**Baclofen 90 mg #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient presents with diagnoses include major depressive disorder, somatic symptom disorder with predominant pain, and status post extension of fusion to L3-4, chronic pain syndrome and status post posterior lumbar decompression with fixation at L5-S1. The current request is for Baclofen 90mg, quantity 90 with 2 refills. The Utilization Review dated 7/18/15 (4A) modified the request and approved only one prescription rather than the requested two refills. The treating physician states in the treating report dated 7/10/15 (82B), "I prescribed: Baclofen 10 mg tid #90 with 2 refills for muscle spasms". Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations 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 show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen". In this case, the patient appears to have been medicating with Baclofen since at least 5/15/15 (7A). The requested treatment exceeds MTUS Guidelines for short-term use of this medication. The current request is not medically necessary.