

Case Number:	CM15-0181383		
Date Assigned:	09/30/2015	Date of Injury:	10/27/1999
Decision Date:	11/25/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/15/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

This is a 54 year old male with a date of injury on 10-27-99. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck, back and shoulder pain. Progress report dated 8-5-15 reports continued complaints of constant neck pain with radiation to the bilateral upper extremities associated with a numbness and tingling sensation. The neck pain is rated 7 out of 10. He has complaints of constant low back pain with radiation to the left lower extremity down into the groin with associated spasms. The back pain is rated 7 out of 10. He has complaints of right knee pain and weakness rated 7 out of 10. He also reports symptoms of anxiety and insomnia. He reports his right shoulder feels better since the last visit. Current medications include senna, lyrica, kadian, and fioricet which provide him with 50 to 60 percent relief. Physical exam: uses single point cane to ambulate, right shoulder reveals positive impingement, drop arm and apprehension tests, speed, neer's and hawkin's tests are positive, upper motor strength testing reveals weakness 4 out of 5 in the deltoid and biceps on the right and all remaining motor tests are 5 out of 5. According to the medical records he has been taking Lyrica since at least 9-4-13. Treatments include: medication, conservative care, injections, bilateral L4-5 laminectomy foraminotomy, fusion at L5-S1, right knee scope. Request for authorization dated 8-5-15 was made for Lyrica 100 mg 1 three times per day quantity 90 and Flexeril 10 mg 1 at bedtime quantity 30. Utilization review dated 8-26-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100mg 1 three times a day #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Per MTUS CPMTG, 'Pregabalin (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. Pregabalin was also approved to treat fibromyalgia. 'Pregabalin is the pro-drug of gabapentin and is often used when gabapentin is clinically not sufficiently effective. Per MTUS CPMTG, 'Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain.' Per MTUS CPMTG p17, '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 continued use of AEDs depends on improved outcomes versus tolerability of adverse effects.' With regard to medication history, the medical records indicate that the injured worker has been using this medication since at least 9/2013. The documentation submitted for review did not contain evidence of improvement in function. As such, the request is not medically necessary.

Flexeril 10mg 1 at bedtime #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG 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. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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.' Regarding Cyclobenzaprine: 'Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects.' Per p41 of the MTUS guidelines the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment is recommended for the treatment of acute spasm limited to a maximum of 2-3 weeks. Per progress report dated 8/5/15 the injured worker complained of

constant neck pain, rated 7/10 with radiation to the bilateral upper extremities with associated numbness and tingling sensation. He also complained of constant low back pain, rated 7/10 with radiation to the left lower extremity down into the groin with associated spasms. I respectfully disagree with the UR physician's denial based upon a lack of clinical indication presented that this medication was achieving its intended goals. Per progress report dated 8/5/15, Flexeril was not listed among the current medications. This appears to be the first prescription of this medication. The request is medically necessary.