

<b>Case Number:</b>	CM15-0184924		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	06/08/2012
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 55 year old male, who sustained an industrial-work injury on 6-8-12. He reported initial complaints of back, left hip, buttock, and left leg. The injured worker was diagnosed as having lumbar herniated nucleus pulposus, spinal stenosis, and lumbosacral degenerative disc disease. Treatment to date has included medication. Currently, the injured worker complains of continued pain and discomfort in the low back to the left hip, buttock, and left leg. Medication gives fairly good benefit. Per the primary physician's progress report (PR-2) on 8-25-15, exam notes moderate lumbar spasm, positive straight leg raise at 60 degrees, right reverse straight leg raising at 70 degrees. Current plan of care includes medication refill and return in 3 months for re-exam. The Request for Authorization requested service to include Methocarbamol 750mg #60 X 3 Refills, Lyrica 50mg #200 X 1 Refill, and Diclofenac 75mg #100 X 3 Refills. The Utilization Review on 9-3-15 denied the request for Methocarbamol 750mg #60 X 3 Refills, and modified Lyrica 50mg #200 X 0 Refill, and Diclofenac 75mg #100 X 0 Refills, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methocarbamol 750mg #60 X 3 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The claimant sustained a work injury in June 2012 and is being treated for low back pain with left hip, buttock, and leg pain. When seen, medications were providing fairly good benefit. Physical examination findings included moderate lumbar spasms with positive straight leg raising and positive right reverse straight leg raising. Methocarbamol 750 mg at night #60 with three refills, Lyrica 50 mg twice daily #200 with one refill, and diclofenac 75 mg twice daily #100 with three refills were re-prescribed. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Drugs with the most limited published evidence in terms of clinical effectiveness include methocarbamol. In this case, there is no identified new injury or exacerbation and muscle relaxants have been prescribed on a long-term basis. Ongoing prescribing is not medically necessary.

**Lyrica 50mg #200 X 1 Refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The claimant sustained a work injury in June 2012 and is being treated for low back pain with left hip, buttock, and leg pain. When seen, medications were providing fairly good benefit. Physical examination findings included moderate lumbar spasms with positive straight leg raising and positive right reverse straight leg raising. Methocarbamol 750 mg at night #60 with three refills, Lyrica 50 mg twice daily #200 with one refill, and diclofenac 75 mg twice daily #100 with three refills were re-prescribed. Antiepilepsy drugs such as Lyrica are recommended for neuropathic pain. Initial dosing of Lyrica is 50 mg three times per day with a maximum dose of up to 600 mg per day. After initiation of treatment, there should be documentation of pain relief and improvement in function. In this case, the requested dosing is consistent with guideline recommendations and prescribing Lyrica is medically necessary. However, the quantity being requested (#200) is not consistent with the twice-daily dosing instructions which would indicate a quantity of #60. For this reason, the request is not medically necessary.

**Diclofenac 75mg #100 X 3 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The claimant sustained a work injury in June 2012 and is being treated for low back pain with left hip, buttock, and leg pain. When seen, medications were providing fairly good benefit. Physical examination findings included moderate lumbar spasms with positive straight leg raising and positive right reverse straight leg raising. Methocarbamol 750 mg at night #60 with three refills, Lyrica 50 mg twice daily #200 with one refill, and diclofenac 75 mg twice daily #100 with three refills were re-prescribed. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of diclofenac is up to 150 mg per day. In this case, the claimant has chronic persistent pain and the prescribing diclofenac is medically necessary. However, the quantity being requested (#100) is not consistent with the twice-daily dosing instructions which would indicate a quantity of #60. For this reason, the request is not medically necessary.