MAXIMUS Federal Services

Case Number:	CM15-0186895		
Date Assigned:	09/28/2015	Date of Injury:	09/11/2012
Decision Date:	11/06/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/22/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 49 year old male sustained an industrial injury on 9-11-12. Documentation indicated that the injured worker was receiving treatment for chronic low back pain. Previous treatment included physical therapy, cognitive behavioral therapy, epidural steroid injections, acupuncture, sacroiliac joint injections, trigger point injections, sacroiliac joint belt, spine restorative program and medications. In a pain management evaluation dated 1-19-15, the injured worker complained of low back pain with radiation down the left buttock and leg associated with spasm. The injured worker rated his pain 7 to 8 out of 10 with medications. Current medications included Nucynta, Lyrica, Baclofen, Oxycodone, Prilosec and Lunesta. Other medications that had been tried and failed included Butrans, Norco, Nucynta IR, Oxycodone, Flector patch, Motrin, Naproxen Sodium and Tylenol. Physical exam was remarkable for tenderness to palpation over the tailbone, at L5-S1, posterior superior iliac spine, sacroiliac joint and bilateral piriformis with flexion 45 degrees and extension 5 degrees and self-guarded range of motion. In a pain management follow-up dated 7-20-15, the injured worker complained of ongoing low back, buttock and bilateral leg pain, rated 7 to 8 out of 10 with medications. Physical exam was unchanged. The treatment plan included continuing medications (Nucynta ER, Oxycodone, Lyrica, Baclofen), laboratory studies and a urine toxicology test. On 8-28-15, Utilization Review modified a request for Lyrica 150mg #60 to Lyrica 150mg #30 and noncertified a request for Baclofen 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg #60: 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), Pregabalin (Lyrica).

Decision rationale: According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnosis. The claimant had been on Lyrica along with other analgesics including opioids and muscle relaxants. There was no mention of Gabapnetin failure. There is no indication for continued use and the Lyrica is not medically necessary.

Baclofen 10mg #60: 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: According to the guidelines, Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. In this case, the claimant does not have the above diagnoses. The claimant was already on opioids for pain. Continued and chronic use of Baclofen was not medically necessary.