

Case Number:	CM15-0209758		
Date Assigned:	10/28/2015	Date of Injury:	02/08/2012
Decision Date:	12/10/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/26/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 49 year old female, who sustained an industrial injury on 2-8-2012. The injured worker is undergoing treatment for cervicgia, cervical radiculopathy, lumbago, lumbar radiculopathy, lumbar disc protrusion, chronic pain syndrome, opioid dependence, insomnia, bilateral shoulder pain bilateral carpal tunnel syndrome, bilateral De Quervain's tenosynovitis, anxiety, depression and exacerbation of low back pain. Medical records dated 9-16-2015 indicate the injured worker complains of neck and back pain rated 8 out of 10 with medication. Physical exam dated 9-16-2015 notes tenderness to palpation over the cervical paraspinal area, trapezius, scapular area, lumbar paraspinal area, sacroiliac joints, shoulders and wrists. There is positive Patrick's and Spurling's test with facet loading and positive straight leg raise. Tinel's sign is positive. Treatment to date has included surgery, activity alteration, magnetic resonance imaging (MRI), electromyogram-nerve conduction study, physical therapy and medication. The original utilization review dated 10-20-2015 indicates the request for transforaminal epidural steroid injection, myelography injection, referral to chiropractor, omeprazole, Zanaflex, Percocet, Wellbutrin, Colace, Elavil and urinary drug screen (UDS) is certified and Lyrica 100mg #90 is non-certified and flurazepam 30mg #30 is modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100mg #90: 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 MTUS Guidelines support the use of Lyrica for the treatment of diabetic neuropathy and postherpetic neuralgia. Lyrica has been found to be safe and efficacious to treat pain and other symptoms. Lyrica is FDA approved for fibromyalgia. In this case, there is no documentation of diabetic neuropathy, postherpetic neuralgia, or fibromyalgia. The request for Lyrica 100mg #90 is not medically necessary.

Flurazepam 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

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

Decision rationale: Flurazepam is a benzodiazepine. The MTUS Guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. In this case, this medication has been used in a chronic nature and has been approved for weaning purposes only in previous reviews. The request for Flurazepam 30mg #30 is not medically necessary.