

Case Number:	CM15-0021940		
Date Assigned:	02/11/2015	Date of Injury:	06/16/2010
Decision Date:	04/01/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/05/2015

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 45 year old male, who sustained an industrial injury on June 16, 2010. The diagnoses have included cervical radiculopathy, status post thoracic spinal cord stimulator times two, left shoulder rotator cuff tear, status post repair, status post L5-S1 anterior and posterior fusion, post-operative lumbar radiculopathy, bilateral VS chronic region pain syndrome and posterior pseudarthrosis L5-S1. Treatment to date has included computed tomography scan of lumbar spine in September 2012, X-ray AP/lateral/flexion/extension of the cervical spin on June 3, 2014 thoracic spinal cord stimulator times 2, left shoulder rotator cuff tear repair and L5-S1 anterior and posterior fusion. Currently, the injured worker complains of Sacroiliac joint pain bilaterally, neck pain which radiates down the bilateral upper extremities. In a progress note dated November 24, 2014, the treating provider reports cervical spine examination revealed tenderness with palpation over the right paracervical muscles, decreased sensation on right upper extremity in a C6 more than C7 dermatome, orthopedic testing of the cervical spine revealed local pain the lumbar spine and lower extremity exam revealed abnormal gait pattern utilizing a motorized scooter for ambulation, tenderness to palpation of the paravertebral muscles on the left and tenderness over the bilateral sacroiliac joints. On January 27, 2015 Utilization Review non-certified a Lyrica 200mg quantity 90 with three refills, Celebrex 200mg quantity 30 with three refills and Metaxalone 800mg quantity 90 with three refills, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 200mg #90 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS: Pregabalin (Lyrica) Page(s): 19.

Decision rationale: The patient presents with cervical radiculopathy, status post thoracic spinal cord stimulator times two, left shoulder rotator cuff tear, status post repair, status post L5-S1 anterior and posterior fusion, post-operative lumbar radiculopathy, bilateral vs. chronic region pain syndrome, and posterior psduearthrosis L5-S1. The current request is for Lyrica 200mg #90 x 3 refills. The treating physician states, in a report dated 10/08/14, "A discussion was held with the patient in regards to Lyrica. In effort to reduce his use of the medication and improve his energy level, he is advised to discontinue the morning dose for two weeks. If he tolerates the change well, he is to then discontinue the afternoon dose. He is to mark his calendar once he beings to gauge his response." The MTUS guidelines state: Pregabalin (Lyrica, no generic available) 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. In this case, the treating physician, based on the records available for review, has failed to document any functional improvement in the patient attributable to Lyrica since 10/10/14. There is also no documentation regarding the patient's success in being weaned off Lyrica. The current request is not medically necessary and the recommendation is for denial.

Celebrex 200mg #30 x 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 30.

Decision rationale: The patient presents with cervical radiculopathy, status post thoracic spinal cord stimulator times two, left shoulder rotator cuff tear, status post repair, status post L5-S1 anterior and posterior fusion, post-operative lumbar radiculopathy, bilateral vs. chronic region pain syndrome, and posterior psduearthrosis L5-S1. The current request is for Celebrex 200mg #30 x 3 refills. The treating physician states, in a report dated 10/08/14, "A discussion was held with the patient today regarding his current medication regimen. The patient states that his pain is decreased and his function is improved with the use of these medications and without them he would have significant difficulty tolerating even routine activities of daily living. He denies negative side effects with the medication, including sedation, cognitive impairment, or constipation. There are no aberrant drug behaviors and he uses the medications as prescribed. Therefore, he will be provided with refill prescriptions for his current medications." The MTUS guidelines state: Celecoxib is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2

selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. In this case, the treating physician has indicated that the patient has decreased pain with increased function while on medications and MTUS supports the usage of Celebrex. The current request is medically necessary and the recommendation is for authorization.

Metaxalone 800mg #90 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin) Page(s): 61.

Decision rationale: The patient presents with cervical radiculopathy, status post thoracic spinal cord stimulator times two, left shoulder rotator cuff tear, status post repair, status post L5-S1 anterior and posterior fusion, post-operative lumbar radiculopathy, bilateral vs. chronic region pain syndrome, and posterior psduearthrosis L5-S1. The current request is for Metaxalone 800mg #90 x 3 refills. The treating physician states, in a report dated 10/08/14, "A discussion was held with the patient today regarding his current medication regimen. The patient states that his pain is decreased and his function is improved with the use of these medications and without them he would have significant difficulty tolerating even routine activities of daily living. He denies negative side effects with the medication. Including; sedation, cognitive impairment, or constipation. There are no aberrant drug behaviors and he uses the medications as prescribed. Therefore he will be provided with refill prescriptions for his current medications." The MTUS guidelines state: Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. In this case, the treating physician has documented lower back pain. However, the records available for review show that Metaxalone has been continuously prescribed since at least 06/03/14 (131). The current prescription and documented long term usage does not meet the MTUS guidelines of short term usage. The current request is not medically necessary and the recommendation is for denial.