

Case Number:	CM15-0219433		
Date Assigned:	11/12/2015	Date of Injury:	09/25/2006
Decision Date:	12/30/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/09/2015

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: Texas, New York, 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 applicant is a represented 55-year-old who has filed a claim for chronic back and leg pain reportedly associated with an industrial injury of September 25, 2006. In a Utilization Review report dated October 22, 2015, the claims administrator failed to approve requests for Flexeril and Lyrica. An October 5, 2015 office visit was cited in the determination. The applicant's attorney subsequently appealed. On an October 1, 2015, the applicant reported ongoing issues with back and leg pain, severe for the preceding 1-1/2 weeks. The applicant had received an epidural steroid injection, the treating provider reported, and also issues with depression and sleep disturbance. The applicant apparently had a previous history of drug abuse, the treating provider acknowledged. Flexeril, Lyrica, Norco, Lunesta, and Effexor were all seemingly renewed while tizanidine was reportedly discontinued. The applicant's work and functional status were not detailed. On November 5, 2015, the applicant reported ongoing issues with low back pain with associated lower extremity paresthesias. The applicant reported difficulty performing activities of daily living as basic as standing and walking, the treating provider acknowledged. The applicant also had issues with depression and sleep disturbance present. Multiple medications were renewed. Norco, Lunesta, Lyrica, and Effexor were all seemingly renewed. The treating provider contended that the applicant's ability to stand and walk would be constrained without his medications. Once again, the applicant's work status was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Cyclobenzaprine 5mg #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): Cyclobenzaprine (Flexeril).

Decision rationale: No, the request for Cyclobenzaprine (Flexeril) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine or Flexeril to other agents is deemed "not recommended." Here, the applicant was, in fact, using a variety of other agents to include Effexor, Norco, Lyrica, etc. The addition of Cyclobenzaprine or Flexeril to the mix was not indicated, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the 60-tablet supply of Cyclobenzaprine at issue in and of itself, represented treatment in excess of the "short course of therapy," for which Cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

1 Prescription of Lyrica 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Pregabalin (Lyrica).

Decision rationale: Similarly, the request for Lyrica (Pregabalin), an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Pregabalin or Lyrica is FDA approved in the treatment of neuropathic pain and/or pain associated with diabetic neuropathy or, by analogy, the radicular pain complaint seemingly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant's work status was not reported on office visit of November 5, 2015 or October 1, 2015, suggesting that the applicant was not, in fact, working. Ongoing usage of Lyrica failed to curtail the applicant's dependence on opioid agents such as Norco, the treating provider reported on both office visits of October 1, 2015 and November 5, 2015. Activities of daily living as basic as standing and walking remained problematic, the treating provider reported on November 5, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.