

Case Number:	CM15-0220638		
Date Assigned:	11/16/2015	Date of Injury:	02/06/2001
Decision Date:	12/24/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/10/2015

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: 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:

The injured worker is a 65 year old, female who sustained a work related injury on 2-6-01. A review of the medical records shows she is being treated for neck, upper back-shoulder, wrist-hand, and low back pain. In the progress notes dated 8-17-15 and 10-7-15, the injured worker reports low back pain with radiation to the hip and posterior buttock, left greater than right and numbness in legs. She reports neck pain with radiation to the trapezius and scapular area and to the anterior chest wall. She reports upper back-shoulder pain. She reports wrist-hand pain with numbness and tingling, especially in the fourth and fifth fingers, right greater than left. She rates her overall pain level a 7 out of 10. Upon physical exam dated 10-7-15, she has slight to moderate paracervical muscle spasm in the lower region on palpation. She has decreased cervical range of motion. She has slight muscle spasm of paralumbar muscles on palpation. Lumbar range of motion is decreased. She has tenderness of the trapezius and upper shoulder area. She has decreased range of motion in both shoulders. She has mild tenderness on palpation of both wrists. Treatments have included massage therapy, home exercises, psychotherapy and medications. Current medications include Valium for muscle spasms and Lyrica for neuropathic pain. She is permanently totally disabled. The treatment plan includes continuing Valium and Lyrica and an ENT referral. In the Utilization Review dated 10-29-15, the requested treatments of Valium 5mg. #60 and Lyrica 50mg. #90 are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5 mg Qty 60, 2 times daily as needed: 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: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of benzodiazepines, including Valium as a treatment modality. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the medical records indicate that Valium is being used as a long-term treatment for muscle spasm. This is not consistent with the above cited guidelines. In summary, chronic use of Valium is not medically necessary.

Lyrica 50 mg Qty 90, 3 times daily: Upheld

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

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of antiepilepsy drugs for the treatment of neuropathic pain. In using AEDs, to support ongoing therapy with a specific agent, there must be sufficient documentation of outcomes. These outcomes are described in the MTUS guidelines. They state the following: Outcome: A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Specific comments on Lyrica from these MTUS guidelines state the following: 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, there is insufficient documentation that the patient has received

adequate trials of first-line agents as described in these MTUS guidelines. Further, there is insufficient evidence that use of Lyrica has been associated with documented improvement in functional outcomes, as described above. Finally, there is no evidence that Lyrica is being used for the indications listed above. For all of these reasons, Lyrica is not medically necessary.