MAXIMUS Federal Services

Case Number:	CM15-0032509		
Date Assigned:	02/26/2015	Date of Injury:	05/16/2011
Decision Date:	04/15/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/20/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 59 year-old female, with a reported date of injury of 05/16/2011. The diagnoses include displacement of intervertebral disc without myelopathy, pain in the thoracic spine, lumbosacral sprain, and lumbosacral spondylosis without myelopathy. Treatments have included an MRI of the thoracic spine on 06/16/2014, an epidural injection, and oral medications. The progress report dated 01/27/2015 indicates that the injured worker reported no change with her upper back pain. She had low back pain with radiation down to her right lower extremity. The injured worker also complained of bilateral foot pain. Part of the objective findings were illegible. The objective findings included mild T4 midline tenderness, mild thoracic spinal spasm, bilateral suprascapular spasm, lumbar extension at 20 degrees, bilateral side bending increased to full, lumbar paraspinal spasm, right sitting straight leg raise test caused hamstring tightness, and left sitting left leg raise test was negative. It was noted that there was partial relief with the current medications. The treating physician requested Lyrica 50mg #60, with two refills, Baclofen 10mg, and Celebrex 200mg #30, with two refills. The rationale for the request was not indicated. On 02/19/2015, Utilization Review (UR) denied the request for Lyrica 50mg #60 with two refills and Baclofen 10mg, and modified the request for Celebrex 200mg #30 with two refills. The UR physician noted that the injured worker should have been completely weaned from Lyrica and Baclofen; and there was a lack of evidence regarding the objective functional benefit as a result of Celebrex. The MTUS Chronic Pain Guidelines and the non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg #60, Refills: 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-17, 99.

Decision rationale: Per MTUS CPMTG, "Pregabalin (Lyrica) 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. Pregabalin was also approved to treat fibromyalgia." Pregabalin is the prodrug of gabapentin and is often used when gabapentin is clinically not sufficiently effective. Per MTUS CPMTG, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." As the injured worker clinically presents with radiating neuropathic pain, the request is medically necessary.

Celebrex 200mg #30, Refills: 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal Anti-inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 67-70.

Decision rationale: With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." I respectfully disagree with the UR physician. The MTUS does not mandate documentation of significant functional benefit or limitation to short term use only for the continued use of NSAIDs. Additionally, the attached medical record includes complaints of dyspepsia with first-line NSAIDs. This medication is indicated for the injured worker's low back pain. The request is medically necessary.

Baclofen 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 64, 65.

Decision rationale: The mechanism of action is blockade of the pre- and post-synaptic GABAB receptors. It 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 (trigeminal neuralgia). It is also noted that the efficacy diminishes over time. The attached medical record also indicates that this medication had been previously recommended for weaning. Therefore, when noting that there is no objectification of a spinal cord injury or spasticity related to muscle spasm there is no functional benefit with the use of this medication. According, this is not medically necessary.