

Case Number:	CM15-0036026		
Date Assigned:	03/04/2015	Date of Injury:	05/30/2012
Decision Date:	04/15/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	02/25/2015

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 50-year-old female, who sustained an industrial injury on 5/30/12. The injured worker has complaints of neck pain. The diagnoses have included cervical spondylosis. The documentation noted that the injured worker had an epidural steroid injection that did not decrease her pain at all. According to the utilization review performed on 2/25/15, the requested Valium 5mg #30 and Lyrica 75mg (amount not specified) has been non-certified. The requested Percocet 10/325mg #60; Outpatient X-ray C-spine and Post-Op Physical therapy 2 x 4 cervical spine has been certified. California Medical Treatment Utilization Schedule (MTUS) was used in the utilization review. The utilization review noted that there was no amount for the request for lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient has ongoing neck pain with numbness in the left arm and pain in the right arm. The current request is for Valium 5mg #30. The CA MTUS does not recommend Valium 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. The MTUS guidelines state that Benzodiazepines are not recommended for long-term use. In this case, there is no available documentation to suggest that the patient is having muscle spasms and therefore, there is no rationale documented for the use of this medication. Medical necessity has not been established and as such, recommendation is for denial.

Lyrica 75mg (amount not specified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs); SPECIFIC ANTI-EPILEPSY DRUGS; Pregabalin (Lyrica) Page(s): 16-20, 99.

Decision rationale: The patient has ongoing neck pain with numbness in the left arm and pain in the right arm. The current request is for Lyrica 75mg (amount not specified). Lyrica (pregabalin) is an anti-epileptic drug, also called an anticonvulsant. It is generally used to control seizures and to treat fibromyalgia. The MTUS guidelines support the usage of Lyrica for neuropathic pain, diabetic neuropathy and postherpetic neuralgia. In this case, the attending physician has prescribed a medication that is supported by MTUS for the treatment of radiculopathy. However, because of insufficient documentation regarding the amount specified, medical necessity has not been established. As such, recommendation is for denial.