MAXIMUS Federal Services

Case Number:	CM15-0043709		
Date Assigned:	03/13/2015	Date of Injury:	08/11/2006
Decision Date:	04/23/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/09/2015

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: California
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 60-year-old male, who sustained an industrial injury on 8/11/2006. He was employed as a janitor and reported injury to his thoracolumbar spine, after lifting a heavy object. The injured worker was diagnosed as having spinal stenosis, thoracic region, and bilateral L5 radiculopathy. Treatment to date has included surgical (spinal, thoracic and lumbar in 2006 and 2008) and conservative measures, including diagnostic and medications. Magnetic resonance imaging of the lumbar spine, dated 8/03/2012, report was submitted. Electromyogram and nerve conduction studies, performed on 10/15/2012, were submitted. On 1/09/2015, the injured worker complained of thoracolumbar pain, of a tolerable nature. Physical exam noted lumbar range of motion allowing for 45 degrees of flexion at the hip, with forward reach to the knees. Neurologic exam was intact and straight leg raise was negative. Current medications were not listed. Currently, he reported burning pain, numbness, and more muscle spasms in his lower extremities, without the use of Lyrica. Current medications were not noted. Physical exam noted increased thoracolumbar tenderness and spasm. The treatment plan included medications (Lyrica, Norco, and Tizanidine), back support, and weight reduction. The injured worker's body mass index was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 300mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Medications for chronic pain Page(s): 19-20, 60.

Decision rationale: Based on the 02/11/15 progress report, the patient presents with burning pain with muscular parenthesis and muscle spasms of his legs and feet. The request is for LYRICA 300MG #180. There is no RFA provided and the date of injury is 08/11/06. Diagnoses included thoracic neuroforaminal stenosis and radiculopathy, spondylolisthesis and lumbar radiculopathy. Current medications include Lidocaine patches, Lyrica and Tizanidine. The patient's work status is unavailable. MTUS guidelines page 19-20 have the following regarding Lyrica: "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." It further states "Weaning: Do not discontinue Pregabalin abruptly and weaning should occur over a one-week period. Withdrawal effects have been reported after abrupt discontinuation."The 02/11/15 report states that "exacerbation of burning pain, numb, parasthesia and an increase in muscle spasms, which have been worse without Lyrica." Lyrica was first included in treater report 03/12/14 and isn't included in reports again until the 02/11/15 report. In this case, per review of medical reports, the patient is presenting with neuropathic pain indicated for this medication. Regarding medications for chronic pain, MTUS pg. 60 states treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. Given the patient's functional status, the request IS medically necessary.

Tizanidine 4mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Tizanidine (Zanaflex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, ANTISPASTICITY/ANTISPASMODIC DRUGS. Medications for chronic pain Page(s): 63-66, 60.

Decision rationale: Based on the 02/11/15 progress report, the patient presents with burning pain with muscular parenthesis and muscle spasms of his legs and feet. The request is for LYRICA 300MG #180. There is no RFA provided and the date of injury is 08/11/06. Diagnoses included thoracic neuroforaminal stenosis and radiculopathy, spondylolisthesis and lumbar radiculopathy. Current medications include Lidocaine patches, Lyrica and Tizanidine. The patient's work status is unavailable. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66:" ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic

myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain."MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per treater report 01/14/15, treater states, "Consider Tizanidine in place of Soma." Tizanidine was included in patient's medications for muscle spasm, per treater reports 01/14/15 and 02/11/15. In this case, the implication is that Tizanidine was prescribed for treatment of muscle spasm. Therefore, given the patient's chronic pain and documented improvement with Tizanidine, the request IS medically necessary.