MAXIMUS Federal Services

Case Number:	CM14-0146562		
Date Assigned:	09/12/2014	Date of Injury:	04/13/2012
Decision Date:	10/16/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 33-year-old female who reported an injury on 04/13/2012 due to an unknown mechanism. Diagnoses were lumbar degenerative disc disease, lumbar myofascial pain, lumbosacral strain, and axial and radicular low back pain. Physical examination on 06/13/2014 revealed complaints of low back pain. The injured worker reported that she had pneumonia after she had the swine flu. She reported that she had thoughts of suicide. It was reported that she called friends and was very frustrated with her level of disability and inability to find a solution. It was reported that the injured worker has not found significant benefit from any of the medications she was taking. Medications were Norco, Lyrica, Cymbalta, Zanaflex, Gabapentin, anti-inflammatory medication, Voltaren gel, and lidocaine ointment. The injured worker was following with a psychologist with a psychologist. Examination revealed the injured worker had a bruise on the lower extremity. Treatment plan was to continue medications as directed and follow-up with her psychologist. Rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 16.

Decision rationale: The MTUS Chronic Pain Guidelines states Lyrica is an anticonvulsant that has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, and has FDA approval for both indications, and is considered first line treatment for both. This medication is designated as a schedule V controlled substance because of its causal relationship with euphoria. This medication also has an antianxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Zanaflex 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Tizanidine Page(s): 66.

Decision rationale: The MTUS Chronic Pain Guidelines recommend Tizanidine (Zanaflex) as a nonsedating muscle relaxant with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The request does not indicate a frequency for the medication. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. Therefore, this request is not medically necessary.