

Case Number:	CM14-0082936		
Date Assigned:	07/21/2014	Date of Injury:	11/08/2002
Decision Date:	09/19/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/04/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 41-year-old female who reported an injury on 11/08/2002. The mechanism of injury was not provided for clinical review. The diagnoses included myalgia and myositis, Raynaud's syndrome, morbid obesity. The previous treatments included medication, aqua therapy. Within the clinical note dated 04/04/2014 it was reported the injured worker complained of continued total body pain, chronic fatigue and problem sleeping. Injured worker complained of pain in the joints, low back. She complained of hand pain and wrist pain. Upon the physical examination the provider noted the injured worker had a normal neurological exam, and no rheumatoid arthritis deformities. The injured worker had trigger point tenderness, 12+. The provider requested Soma, Fluoxetine, and Lyrica. However, a rationale was not provided for clinical review. The Request for Authorization was provided and submitted on 04/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 200mg 90 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: The California MTUS Guidelines recommend non-sedating muscle relaxants as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 01/2014 which exceeds the guideline recommendations of short term use of 2 to 3 weeks. Therefore, the request is not medically necessary.

Fluoxetine 10mg 90 count: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Lyrica 75mg 180 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 19.

Decision rationale: The California MTUS Guidelines recommend Lyrica for neuropathic pain. The guidelines note Lyrica has been documented to be effective in the treatment diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications and as a first line treatment for both. There is lack of documentation indicating the injured worker was treated for or diagnosed with neuropathic pain. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.