MAXIMUS Federal Services

Case Number:	CM14-0096481		
Date Assigned:	07/28/2014	Date of Injury:	07/13/2011
Decision Date:	10/01/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/24/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 59-year-old female who was reportedly injured on July 12, 2011. The mechanism of injury was noted as lifting a patient. The most recent progress note dated July 12, 2014, indicated that there were ongoing complaints of neck pain, thoracic pain and lumbar spine pain. The physical examination demonstrated decreased sensation at the bilateral C5, C6, as well as L4 and L5 dermatomes. Diagnostic imaging studies of the cervical spine showed mild to moderate multilevel degenerative changes with minimal compression of the right side of the spinal cord at C5-C6. A magnetic resonance image of the lumbar spine also showed mild to moderate multilevel degenerative changes. Previous treatment included a right shoulder arthroscopic debridement, pain management, physical therapy, chiropractic care, and oral medications. A request was made for Flexeril and Lyrica and was not certified in the pre-authorization process on May 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14-15, 67. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66 OF 127.

Decision rationale: Flexeril is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured worker does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons, this request for Flexeril is not medically necessary.

Lyrica 50 mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14-15, 103.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, Pregabalin, Updated September 23, 2014.

Decision rationale: Lyrica was recommended in neuropathic pain conditions such as fibromyalgia but not for acute pain. Individualization of treatment is needed with this medication to maximize pain relief and minimize adverse effects. According to the medical record, the injured employee has neuropathic findings on physical examination. As such, this request for Lyrica is medically necessary.