

Case Number:	CM14-0211157		
Date Assigned:	12/24/2014	Date of Injury:	05/22/2013
Decision Date:	02/27/2015	UR Denial Date:	12/07/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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 & Rehabn

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 patient is a 49 year old female with an injury date of 05/22/13. Based on the 11/25/14 progress report provided by treating physician, the patient complains of diffuse regional myofascial pain, CRPS-type 1 to the right upper extremity, left ankle and low back pain. Patient is status post left ankle ligamentous rupture repair, date unspecified; and stellate ganglion block 08/08/14. The patient wears back brace, soft boot, ankle brace and bilateral wrist braces. Patient continues with slowed gait. Physical examination to the cervical spine on 11/25/14 revealed tenderness to palpation over the paraspinal muscles overlying the facet joints, supraclavicular region and occipital foramen. Patient has limited cervical range of motion due to pain. Patient's medications include Lyrica, Cyclobenzaprine, Melatonin, Meloxicam and Norco. Lyrica has been prescribed for chronic pain syndrome in progress reports dated 08/25/14, 11/25/14 and 12/30/14. Cyclobenzaprine has been prescribed for spasms in progress reports dated 11/25/14 and 12/30/14. Per treater report dated 12/30/14, the patient is continuing with Lyrica for CRPS neuropathic pain, and "reports not side effects. Her medications allow her to tolerate the pain in order to do gentle stretching as well as function, such as ambulating from her bed to her bathroom and kitchen, bathing with assistance and toileting. Medications bring her pain from 9/10 to 5/10." Patient has benefited from physical therapy in the past. Patient remains temporarily totally disabled. Diagnosis 11/25/14- sprain of ankle, unspecified site- lumbago- causalgia of upper limb- chronic pain syndrome- psychic factors associated with diseases classified elsewhere- depressive disorder, not elsewhere classified The utilization review

determination being challenged is dated 12/07/14. Treatment reports were provided from 08/25/14 - 12/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Specific Anti-Epilepsy Drugs for Pregabalin (Lyrica, no generic ava.

Decision rationale: The patient presents with diffuse regional myofascial pain, CRPS-type 1 to the right upper extremity, left ankle and low back pain. Patient is status post left ankle ligamentous rupture repair, date unspecified; and stellate ganglion block 08/08/14. The request is for LYRICA 75MG #90. The patient wears back brace, soft boot, ankle brace and bilateral wrist braces. Patient continues with slowed gait. Patient has limited cervical range of motion due to pain. Patient's medications include Lyrica, Cyclobenzaprine, Melatonin, Meloxicam and Norco. Lyrica has been prescribed for chronic pain syndrome in progress reports dated 08/25/14, 11/25/14 and 12/30/14. Patient has benefited from physical therapy in the past, as well. Patient remains temporarily totally disabled. MTUS, page 16-18 Antiepilepsy drugs (AEDs) states Recommended for neuropathic pain (pain due to nerve damage. MTUS, page 19-20, under SPECIFIC ANTI-EPILEPSY DRUGS for Pregabalin (Lyrica, no generic available) states this "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." MTUS Chronic Pain Medical Treatment Guidelines pages 16 -18 for Outcomes of anti-epilepsy drugs states: "A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails" Per treating physician report dated 12/30/14, the patient is continuing with Lyrica for CRPS neuropathic pain, and "reports not side effects. Her medications allow her to tolerate the pain in order to do gentle stretching as well as function, such as ambulating from her bed to her bathroom and kitchen, bathing with assistance and toileting. Medications bring her pain from 9/10 to 5/10." Treating physician has documented 4 VAS point difference as well as providing examples for benefit from the medication. The request is in line with guideline indications. Therefore, Lyrica IS medically necessary.

Cyclobenzaprine 5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Metaxalone (Skelaxin) Page(s): 63-66, 61.

Decision rationale: The patient presents with diffuse regional myofascial pain, CRPS-type 1 to the right upper extremity, left ankle and low back pain. Patient is status post left ankle ligamentous rupture repair, date unspecified; and stellate ganglion block 08/08/14. The request is for CYCLOBENZAPRINE 5MG #90. The patient wears back brace, soft boot, ankle brace and bilateral wrist braces. Patient continues with slowed gait. Patient has limited cervical range of motion due to pain. Patient's medications include Lyrica, Cyclobenzaprine, Melatonin, Meloxicam and Norco. Per treating physician report dated 12/30/14, her medications allow her to tolerate the pain in order to do gentle stretching as well as function, such as ambulating from her bed to her bathroom and kitchen, bathing with assistance and toileting. Medications bring her pain from 9/10 to 5/10." Patient has benefited from physical therapy in the past, as well. Patient remains temporarily totally disabled. MTUS pg. 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." For skelaxin, MTUS p61 states, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by King Pharmaceuticals under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating." Cyclobenzaprine has been prescribed for spasms in progress reports dated 11/25/14 and 12/30/14. MTUS recommends Cyclobenzaprine for short-term use. Furthermore, the current request for quantity 90 does not indicate intended short-term use of this medication. Therefore, the request for Cyclobenzaprine IS NOT medically necessary.