

Case Number:	CM14-0212482		
Date Assigned:	01/02/2015	Date of Injury:	08/10/1998
Decision Date:	02/28/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/18/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 60 year old female with a work injury dated 8/10/98. Her diagnoses include cervical degenerative disc disease and cervical spondylosis. A progress note dated 12/05/14 states that the patient has left neck pain and headaches as well as continued pain in the left trapezius, left thoracic region with spasm, and left upper extremity. The patient also has frequent cramping in the 4th and 5th digits with associated decrease in grip strength. The current medications include Soma, Ultram, Lyrica, and Metaxalone. The physical examination revealed moderate tenderness and spasm over the paraspinal muscles are noted along with twitch response with pain referring up to the occipital region. The range of motion is restricted by 50% in all the planes. The Spurling's test is positive. There is decreased grip strength, as well as hypesthesia, and dysesthesia over the medial scapula. Motor and deep tendon reflexes are within normal limits. The treatment plan includes Metaxalone, Lyrica and Flexor patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metaxalone 800mg quantity 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 Antispasmodics, Metaxalone Page(s): 64; 65.

Decision rationale: Metaloxone 800mg quantity 90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment. The documentation indicates that the patient has been on Metoxalone dating back to Jan. 2014. The MTUS guidelines do not recommend this medication long term. There are no extenuating factors in the documentation submitted to go against guideline recommendations and therefore the request for Metaloxone 800mg quantity 90 is not medically necessary.

Lyrica 75mg quantity 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs - (AEDs); Lyrica Page(s): 16; 19-20.

Decision rationale: Lyrica 75mg quantity 180 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that after initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The most recent documentation does not indicate evidence of significant functional improvement on Lyrica therefore the request for Lyrica is not medically necessary.

Flector patch 1.3 quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113.

Decision rationale: Flector Patch 1.3 quantity 60 is not medically necessary per the MTUS guidelines. Flector patch is a topical patch that contains the non-steroidal anti-inflammatory (NSAID) Diclofenac. Diclofenac (and other NSAIDs) are indicated for patients who have mild to moderate pain. The MTUS recommends topical NSAIDs in the relief of osteoarthritis pain in joints that lend themselves to topical treatment (wrist, knee, hand, foot, ankle). The guidelines state that there is little evidence to use topical NSAIDs for the spine, hip or shoulder. The documentation does not indicate intolerance to oral medications. The documentation indicates that the patient has cervical spine pain for which there is little evidence to use a topical NSAID. The request for Flector patch is not medically necessary or appropriate.