

<b>Case Number:</b>	CM14-0212627		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	08/11/2011
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back and groin pain reportedly associated with an industrial injury of August 11, 2011. In a Utilization Review Report dated November 28, 2014, the claims administrator approved a request for Norco, denied a request for Lyrica on the grounds that the applicant did not have neuropathic pain, and partially approved a request for Flexeril. The claims administrator referenced a progress note dated November 7, 2014 in its determination. The applicant's attorney subsequently appealed. In a December 1, 2014 progress note, the applicant reported persistent complaints of low back pain into the groin with associated aching and burning. The applicant reported 9/10 pain with medications versus 4/10 pain without medications. The applicant was apparently pending a nerve block of some kind in the groin region. The applicant was using Lyrica at night and Norco three times daily as well as Flexeril half a tablet at nighttime. The attending provider stated that the applicant was performing some form of work as a bookkeeper as a result of ongoing medication consumption. The attending provider stated that the applicant had developed neuropathic pain about the groin region which he attributed to an earlier failed herniorrhaphy procedure. Multiple medications were refilled. The attending provider stated that the applicant was rarely Flexeril. In an earlier note dated November 7, 2014, the applicant reported burning pain about the groin region.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 50mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Mechanisms, Pregabalin Page(s): 3, 99.

**Decision rationale:** As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, pregabalin or Lyrica is a first-line treatment for both postherpetic neuralgia and diabetic neuropathy pain or, by analogy, the neuropathic pain reportedly present here, which, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines, is characterized by symptoms such as numbing, tingling, burning, and electric shock-like sensation. Here, the applicant does report burning pain about the groin status post earlier failed herniorrhaphy surgery. The applicant's presentation, thus, is suggestive of neuropathic pain for which Lyrica was/is indicated. The attending provider has suggested that ongoing use of Lyrica has attenuated the applicant's need for Flexeril and Norco, is generating appropriate analgesia with a reduction in pain scores from 9/10 without medications to 4/10 with medications, and has facilitated the applicant's return to work as a bookkeeper. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

**Flexeril 7.5mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine or Flexeril is recommended for a "short course of therapy." Here, the attending provider wrote on December 1, 2014 that the applicant was only using a half a tablet of Flexeril very sporadically, seemingly to combat acute exacerbations of pain. This is an appropriate role for Flexeril (cyclobenzaprine), per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. As with the other medications, the applicant has demonstrated a favorable response to previous usage of cyclobenzaprine as evinced by her successful return to and/or maintaining regular duty work status. Continuing the same, on balance, was, thus, indicated. Therefore, the request was medically necessary.