

<b>Case Number:</b>	CM14-0214170		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	04/12/2002
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 65 year old female with a reported industrial injury on October 30, 1992, November 10, 1999 and April 12, 2002, the mechanism of the injury was not provided in the available medical records. The injured worker was seen on November 25, 2014, for follow-up visit with primary treating physician. The exam note is hand written and not all of it is legible. The physical exam of the lumbar spine revealed tenderness to the paraspinals with guarding, left knee tender medial lateral with positive crepitus and right wrist/hand tender with positive trigger thumb and decreased sensation. Diagnoses are right shoulder sprain/strain with scope in February 2004, right wrist sprain/strain secondary to compensation and carpal tunnel syndrome with positive electromyogram (EMG) on April 23, 2012, right first carpometacarpal osteoarthritis with trigger finger, lumbar spine sprain/strain with multilevel disc bulges, facet osteoarthritis and right sacroiliac joint sprain and status post bilateral total knee replacement left on June 17, 2013 and right on September 25, 2011 this information was gathered from the primary treating physicians medical legal report dated December 10, 2014. The medication treatment includes, Lyrica, Robaxin and tramadol. On November 24, 2014 the provider requested Lyrica 75mg quantity 60 and Robaxin 750mg quantity 60, on December 3, 2014, the Utilization Review non-certified the request, the decision was based on the California Medical treatment utilization schedule (MTUS) guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MED; Lyrica 75mg #60:** 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 Lyrica Page(s): 19.

**Decision rationale:** According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnoses. The claimant had been on Lyrica along with other analgesics. The claimant did not have the above diagnoses. There is no indication for continued use and the Lyrica is not medically necessary.

**MED; Robaxin 750mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 67.

**Decision rationale:** According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had used Robaxin for several months in combination with other analgesics. Based on the above, continued and prolonged use of Robaxin is not medically necessary.