

Case Number:	CM14-0215676		
Date Assigned:	01/05/2015	Date of Injury:	06/14/2012
Decision Date:	03/16/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/23/2014

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 injured worker is a 43-year-old male who reported an injury on 06/14/2012. The mechanism of injury was repetitive bending, lifting, and stooping. His diagnoses include status post ACDF at C5-6 and C6-7, right C8 radicular symptoms, and lumbar pain with lower extremity neuropathic symptoms. Past treatment was noted to include medications, epidural steroid injections, and surgery. On 10/14/2014, it was noted the injured worker had constant neck pain that radiated to his right trapezius musculature and low back pain that radiated to his lower extremities. Upon physical examination, it was noted the injured worker had decreased range of motion to his lumbar spine and tenderness to palpation. Medications were noted to include hydrocodone, meloxicam, Soma, omeprazole, Lyrica, and atorvastatin. The treatment plan was noted to include medications, imaging studies, and lab testing. A request was received for Lyrica 75mg BID #60, tizanidine 2mg BID #60, and Norco 7.5/325mg TID #90 without a rationale. The Request for Authorization was signed on 10/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The request for Lyrica 75mg BID #60 is not medically necessary. According to the California MTUS Guidelines, Lyrica has been FDA approved for diabetic neuropathy, postherpetic neuralgia, generalized anxiety disorder, social anxiety disorder, and fibromyalgia. The clinical documentation submitted for review indicated the injured worker had been on this medication; however, it was not indicated how this medication benefited him in terms of pain management and functional improvement. Additionally, it was not indicated that the injured worker had such diagnoses to warrant the use of this medication. Consequently, the request is not supported. As such, the request for Lyrica 75mg BID #60 is not medically necessary.

Tizanidine 2mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 66.

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

Decision rationale: The request for tizanidine 2mg BID #60 is not medically necessary. According to the California MTUS Guidelines, tizanidine is a muscle relaxant that is FDA approved for the management of spasticity and unlabeled use for low back pain. The guidelines also indicate that they show no benefit beyond NSAIDs in pain and overall improvement. The clinical documentation submitted for review did not indicate the injured worker had spasticity, and there is no rationale for the requested medication to warrant the use. Consequently, the request is not supported. As such, the request for tizanidine 2mg BID #60 is not medically necessary.

Norco 7.5/325mg TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Norco 7.5/325mg TID #90 is not medically necessary. According to the California MTUS Guidelines, ongoing use of opioids must be monitored with the direction of the 4 A's. The 4 A's for ongoing monitoring include analgesia, activities of daily living (ADLs), adverse side effects, and aberrant drug taking behaviors. The clinical documentation submitted for review did not indicate the injured worker's pain in ADLs with and

without the use of this medication. A urine drug screen performed on 10/14/2014 did not show consistent results with the opioid. Consequently, the request is not supported by the evidence based guidelines. As such, the request for Norco 7.5/325mg TID #90 is not medically necessary.