MAXIMUS Federal Services

Case Number:	CM14-0218596		
Date Assigned:	01/08/2015	Date of Injury:	07/13/1994
Decision Date:	03/10/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/30/2014

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, Massachusetts
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 injured worker is a 53 year old female, who sustained an industrial injury on 07/13/1994. She has reported a back injury. The diagnoses have included arachnoiditis, abnormality of gait, chronic pain syndrome, and chronic meningitis. Treatment to date has included medications such as NSAID, muscle relaxants and Lyrica. As of 10/29/14 follow-up with treating physician, the IW complains of progressive weakness and incoordination in her lower extremity as well as a painful gait. The treating physician states that she still has a very altered gait due to her spinal damage in her lumbar spine. She walks with a walker and an assistant dog. Long acting MS is no longer being covered by her insurance provider which the physician states is "outrageous". Diagnoses include arachnoiditis, abnormal gait, chronic pain syndrome and chronic meningitis. Plan is to refill morphine sulfate 15mg extended release, standard narcotic discussion... other medications were also reviewed. On 12/05/2014, the injured worker submitted an application for IMR for review for Celebrex 200mg #60 and Tizanidine HCL 4mg #30, and Lyrica 100mg #90. On 12/18/2014 Utilization Review non-certified the request for Celebrex 200mg #60 and Tizanidine HCL 4mg #30 and modified the request for Lyrica 100mg #90 to Lyrica 100mg #45 noting that Lyrica is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain. In addition, Celebrex is not authorized as gastrointestinal risk factors are not documented and California does no support the long-term use of muscle relaxers in regards to the Tizanidine. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines COX-2 inhibitors, muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Chronic Pain Medical Treatment Guidelines NSAID, page(s) 67-73According to CA MTUS guidelines anti-inflammatory medications are the traditional first line treatment to reduce pain and inflammation. According to the provided medical records there is improvement with the current dose of celebrex. While the utilization reviewer notes that NSAIDs are not recommended for long-term use, in this specific injured worker there is no report of side-effects, no risk factors for GI bleeding, and there are no medical issues that would contraindicate continued use of NSAIDs including heart disease or kidney disease. Considering that this medication is supported by the guidelines, current dosage is minimal at a once a day dosing, and there is no contra-indication for ongoing long-term use, I believe continued use is medically necessary at this time.

Tizanidine HCL 4mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 67.

Decision rationale: Chronic Pain Medical Treatment Guidelines Muscle relaxants, page(s) 67Muscle relaxants are recommended as second line option for short-term treatment of acute exacerbations of muscle spasm in patients with chronic lower back pain. According to the cited guidelines muscle relaxants provide no additional benefit in managing chronic back pain and spasm beyond NSAIDs, which the patient is already taking regularly. Additionally efficacy appears to diminish over time and prolonged use increases risk of dependence and tolerance. Consequently the provided medical records and cited guidelines do not support continued long-term chronic use of muscle relaxants as being clinically necessary at this time.

Lyrica 100mg #45: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS: Page(s): 12. Decision based on Non-MTUS Citation Moore et al.Pregabalin for acute and chronic pain in adults. Cochrane Database Syst Rev. 2009 Jul 8;(3):

Decision rationale: The peer reviewer opines that according to CA MTUS guidelines Lyrica is appropriate for treatment of postherpetic neuropathy and diabetic neuropathy only. Whilethere is FDA approval for both indications, and is considered first-line treatment for both, recent Cochrane review indicates that Lyrica is also effective for central neuropathic pain such as what the patient is experiencing. While Lyrica is appropriate treatment in general for this type of neuropathic pain, the MTUS states that anti-epilepsy drugs such as Lyrica are "recommended for neuropathic pain. 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." Since the provided records do not show documentation of pain relief or improved function with Lyrica, than continued use is not considered appropriate.