

<b>Case Number:</b>	CM14-0219219		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	05/03/2010
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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

Certification(s)/Specialty: Orthopedic Surgery

### 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 58 year old male, who sustained an industrial injury on May 3, 2010. He has reported an injury to the right upper extremity. The diagnoses have included radial nerve lesion, radial styloid tenosynovitis and biceps tendon rupture. Treatment to date has included surgery, physical therapy, heat and ice treatment and medications. Exam note 12/1/14 demonstrates, the injured worker complains of ongoing right art pain and sensitivity. The injured worker reports that he has great difficulty coping with the chronic pain. The evaluating physician noted that he medication regimen is managing the injured worker's pain. The injured worker reports his pain as 5-6 on a 10-point scale with the use of medication. The right arm, elbow and hand pain is described as aching and burning. On December 3, 2014, Utilization Review non-certified a request for Zanaflex 4 mg #30, Lyrica 150 mg #30, Norco 10/325 mg #120 and Wellbutrin XL 150 mg #30 noting that the medical documentation submitted for review did not provided evidence of functional improvement with the medical regimen. The MTUS was cited. On December 30, 2014, the injured worker submitted an application for IMR for review of Zanaflex 4 mg #30, Lyrica 150 mg #30, Norco 10/325 mg #120 and Wellbutrin XL 150 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #30:** 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 Zanaflex Page(s): 66.

**Decision rationale:** Per the CA MTUS/Chronic Pain Treatment Guidelines, page 66, Zanaflex is appropriate for chronic myofascial pain syndrome and is approved for spasticity. In this case there is no objective evidence in the exam note from 12/1/14 supporting spasticity and no evidence of chronic myofascial pain syndrome or fibromyalgia. Therefore the determination is for non-certification.

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. The exam note of 12/1/14 demonstrated no evidence of functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity. Therefore the determination is for non-certification.

**Wellbutrin XL 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion Page(s): 16.

**Decision rationale:** Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, Bupropion (Wellbutrin), page 16 is a second generation non-tricyclic antidepressant shown to be effective in relieving neuropathic pain. No evidence exists demonstrating efficacy for non-neuropathic chronic low back pain. As the exam note of 12/1/14 demonstrates no evidence of neuropathic pain, the determination is for non-certification.

**Lyrica 150mg #90:** 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 Pregabalin Page(s): 19.

**Decision rationale:** Per the CA MTUS Chronic Pain Treatment Guidelines page 19, Specific Anti-Epilepsy Drugs, Pregabalin is indicated for diabetic painful neuropathy and postherpetic neuralgia and is considered first line treatment for neuropathic pain. In this case, the exam note from 12/1/14 does not demonstrate evidence neuropathic pain or demonstrate percentage of relief, the duration of relief, increase in function or increased activity. Therefore medical necessity has not been established, and determination is for non-certification.