

Case Number:	CM15-0016191		
Date Assigned:	02/04/2015	Date of Injury:	12/17/2003
Decision Date:	03/27/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/28/2015

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: Physical Medicine & Rehabilitation

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 55 year old female who sustained an industrial related injury on 12/17/03. The injured worker had complaints of right shoulder and low back pain. The injured worker has had multiple low back surgeries and still had a significant amount of low back pain rated 9/10 with constant numbness and tingling with radiation to the lower extremities. Diagnoses included cervical sprain/strain syndrome, right shoulder strain, mild carpal tunnel syndrome, status post complete anterior lumbar revision discectomy and excision of fusion cages with insertion of a single anterior fusion cage with allograft/autograft mix anterior lumbar plate at L4-5 and complete discectomy with artificial disc insertion at L3-4 on 9/30/09, status post removal of lumbar spine hardware and fusion inspection on 8/2/07, status post L4-5 and L5-S1 posterior lumbar interbody fusion on 12/9/05, minimal disc bulges at L1-2 and L2-3, left greater trochanteric bursitis, left knee contusion, left foot 5th metatarsal fracture, and left foot/ankle ligament strain. The treating physician requested authorization for Flexeril 10mg #60 with 2 refills and Lyrica 75mg #60 with 2 refills. On 12/31/14 the requests were modified. Regarding Flexeril, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted there was no evidence of recent muscle relaxant use. A short course of Flexeril is reasonable therefore the request was modified to 1 prescription of Flexeril 10mg #60 with no refills. Regarding Lyrica, the UR physician cited the MTUS guidelines and noted the medical records do not demonstrate substantial pain relief with the use of this medication. Therefore the request was modified to 1 prescription for Lyrica 75mg #30 with no refills for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60 with 2 refills: Upheld

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

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

Decision rationale: The patient was injured on 12/17/03 and presents with right shoulder pain and low back pain. The request is for FLEXERIL 10 MG #60 WITH 2 REFILLS. The RFA is dated 12/09/14 and the patient is permanent and stationary. In regards to the cervical spine, there is tenderness at the occipital insertion of the paracervical musculature, bilaterally in the trapezii, and at the midline base of the cervical spine. There is slight flattening of the lumbar lordosis and myospasm of the paraspinal musculature. There is tenderness in the paraspinous musculature of the lumbar region bilaterally. It appears that this is the initial request for Flexeril. MTUS page 63-66 states: "Muscle relaxants (for pain) recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): recommend for a short course of therapy." MTUS guidelines do not recommend use of Cyclobenzaprine for longer than 2-3 weeks. In this case, the treater is requesting for quantity 60 with 2 refills of Flexeril, which exceeds the 2-3 weeks recommended by MTUS guidelines. Therefore, the requested Flexeril IS NOT medically necessary.

Lyrica 75mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuropathic Pain, Antiepilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Medications for chronic pain Page(s): 19-20, 60.

Decision rationale: The patient was injured on 12/17/03 and presents with right shoulder pain and low back pain. The request is for LYRICA 75 MG #60 WITH 2 REFILLS. The RFA is dated 12/09/14 and the patient is permanent and stationary. In regards to the cervical spine, there is tenderness at the occipital insertion of the paracervical musculature, bilaterally in the trapezii, and at the midline base of the cervical spine. There is slight flattening of the lumbar lordosis and myospasm of the paraspinal musculature. There is tenderness in the paraspinous musculature of the lumbar region bilaterally. The patient has been taking Lyrica as early as 11/11/14. MTUS guidelines page 19-20 have the following regarding Lyrica: "Pregabalin --Lyrica, no generic

available-- has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both." It further states "Weaning: Do not discontinue Pregabalin abruptly and weaning should occur over a one-week period. Withdrawal effects have been reported after abrupt discontinuation." In this case, the patient has had multiple low back surgeries and continues to have low back pain with constant numbness/tingling with radiation to the lower extremities. She has been taking Lyrica since 11/11/14. There isn't any discussion provided regarding how Lyrica has impacted the patient's pain and function. MTUS page 60 states that pain and function must be recorded when medications are used for chronic pain. Due to lack of documentation, the requested Lyrica IS NOT medically necessary.