

Case Number:	CM15-0112078		
Date Assigned:	06/18/2015	Date of Injury:	02/25/2009
Decision Date:	08/21/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/09/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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:

This 46 year old female sustained an industrial injury to the left foot and low back on 2/25/09. The injured worker had two recent hospitalizations for back spasms and kidney stones respectively. Magnetic resonance imaging lumbar spine (2/2/015) showed a collapsed L3 level. Recent treatment included lumbar epidural steroid injection, home exercise, walking and medications. In a progress noted dated 5/22/15, physical exam was remarkable for minimal swelling of the left foot with functional range of motion and without color changes. Current diagnoses included low back pain, history of lumbar fusion, left foot pain and left superficial peroneal nerve dysfunction. The treatment plan included remaining as active as possible, continuing home exercise and continuing medications (Lyrica, Cymbalta and Zanaflex).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 90 mg a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 43-44.

Decision rationale: Cymbalta is recommended as an option in second line treatment of neuropathic pain after tricyclics have been tried. In this case, there is no documentation of failed treatment with a tricyclic medication which is considered first line for treatment of neuropathic pain. The request for Cymbalta 90 mg a day is not medically appropriate and necessary.

Lyrica 150 mg a day: 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): 99.

Decision rationale: Guidelines recommend Lyrica for treatment of diabetic neuropathy and postherpetic neuralgia as long as functional benefit is achieved. In this case, there is no documentation of measurable therapeutic benefit with the use of Lyrica. The request for Lyrica 150 mg a day is not medically appropriate and necessary.

Zanaflex 4 mg, four times a day: 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): 63, 64.

Decision rationale: Guidelines recommend muscle relaxants as a second line option for short term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, there is no evidence to suggest significant muscle spasm or an acute exacerbation of low back pain to warrant the continued use of this medication. The request for Zanaflex 4 mg is not medically appropriate and necessary.

Lidoderm patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 56-57.

Decision rationale: Guidelines state that Lidocaine patch may be recommended for localized peripheral pain after first line therapy with antidepressants and anticonvulsants has failed. In this

case, there is insufficient documentation of radiculopathy or documentation of failed first line therapy. The request for lidocaine patches is not medically appropriate and necessary.