

Case Number:	CM15-0127243		
Date Assigned:	07/13/2015	Date of Injury:	01/11/2011
Decision Date:	08/11/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/01/2015

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, Pain Management

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 51 year old female sustained an industrial injury to the neck and right shoulder on 1/11/11. Previous treatment included cervical fusion, physical therapy, transcutaneous electrical nerve stimulator unit, home exercise and medications. In a progress report dated 6/8/15, the injured worker complained of ongoing right shoulder pain and an increase in chronic neck pain with tingling to her upper back and radiation of pain to the right arm. The injured worker complained of increased radiation of pain down the left arm with numbness to all digits of bilateral hands. The injured worker reported only being able to use the first and third digits of her right hand. The injured worker compensated with her left hand and now complained of left hand pain. The injured worker rated her pain 3/10 on the visual analog scale. Current medications included Percocet, Duexis, Flexeril, Lyrica, Colace and topical compound cream. The injured worker reported that she took Flexeril two to three times per week as needed for spasms and tension. Lyrica helped to reduce neuropathic pain by 40% and allowed her to sleep better. Colace controlled constipation. Physical exam was remarkable for mild tenderness to palpation to the cervical spine paraspinal musculature and trapezius with decreased range of motion to the cervical spine and right shoulder, positive impingement sign of the right shoulder, tenderness to palpation to the right upper arm, decreased grip strength on the right, decreased strength to the right upper extremity and diminished sensation to the right hand with positive bilateral Tinel's sign and Phalen's sign and positive right Finkelstein's test. Current diagnoses included cervical fusion, cervical spine radiculopathy, headaches, bilateral carpal tunnel syndrome, right de Quervain's tenosynovitis and right shoulder pain. The treatment plan included refilling Percocet

and Lyrica and continuing medications (Flexeril, Duexis, Colace and topical compound cream), continuing transcutaneous electrical nerve stimulator unit and continuing physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Flexeril 10mg: Upheld

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

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

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy, within the documentation available for review, there documentation of cyclobenzaprine prescription since at least October 2014. Although the use is intermittent and on an as needed basis, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the current request is not medically necessary.

60 capsules of Colace 100mg with 2 refills: Overturned

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 Constipation prophylaxis Page(s): 77-78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines on pages 77-78 recommend prophylactic treatment of opioid related constipation. Specifically, the following is state with regard to initiating Opioid Therapy: "(d) Prophylactic treatment of constipation should be initiated." In the case of this injured worker, there is documentation of opioid use. Although the frequency of bowel movements should be documented, the empiric use of laxative and stool softeners is appropriate medical treatment. Opioids have well known constipating effects, and these side effects do not have tolerance over time. Therefore, the use of this agent is appropriate. It is further appropriate to write for a few refills if continued opioid use is expected.

60 capsules of Lyrica 50mg with 1 refill: Overturned

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
AEDs Page(s): 16-21.

Decision rationale: Regarding request for pregabalin (Lyrica), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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. Within the documentation available for review, there is a specific analgesic benefit of Lyrica of 40%, and the provider documents there is neuropathic pain (including carpal tunnel syndrome and cervical radiculopathy). There is also functional improvement noted from this medication. Given this, the currently requested pregabalin (Lyrica) is medically necessary.