

Case Number:	CM15-0175519		
Date Assigned:	09/16/2015	Date of Injury:	08/29/2013
Decision Date:	10/26/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/07/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 38-year-old female, who sustained an industrial-work injury on 8-29-13. A review of the medical records indicates that the injured worker is undergoing treatment for low back injury, history of epilepsy, peripheral neuropathy of the lower extremities, and lumbar neuropathy. Medical records dated (2-13-15 to 8-14-15) indicate that the injured worker complains of low back pain radiating to the right lower extremity (RLE) and weakness and numbness in the bilateral extremities and inability to walk. There is bilateral leg pain and paresthasias, bilateral leg pain and weakness and uses a walker or cane for ambulation. There is pain and spasm complaints, pain and stiffness, difficulty with prolonged sitting and standing, lifting, pushing, pulling, bending and heavy lifting. The medical record dated 7-30-15 for neurology, the physician indicates that there is reduced sensation in the right leg and questionable reduced sensation in the left foot area. There are complaints of difficulty sleeping due to pain. The physician indicates that an electromyography (EMG) nerve conduction velocity studies (NCV) of the bilateral lower extremities done on 2-24-14 show that there is S1 lumbosacral radiculopathy and possibly sensorimotor neuropathy. The medical record dated 8-14-15 the physician indicated that a urine drug screen was done in the office this date. Per the treating physician, report dated 8-14-15 the injured worker has not returned to work and is on temporary total disability. The physical exam dated from (2-13-15 to 8-14-15) reveals lumbar motion is guarded due to pain, flexion is 45 degrees, extension is 20 degrees, and left and right lateral bending is 20 degrees. There is spasm at times and tenderness to palpation. Treatment to date has included pain medication, trialed Gabapentin with no benefits and side effects,

Ibuprofen since at least 2-13-15 Norflex since at least 2-13-15, Lyrica since at least 2-13-15, pool therapy, physical therapy, cane, walker and other modalities. The request for authorization was dated 8-14-15. The original Utilization review dated 8-28-15 non-certified a request for Norflex 100mg QTY 60 as the indication for treatment with Norflex was unclear, non-certified a request for Ibuprofen 600mg QTY 60 as guidelines recommend treatment at lowest dose for short period and non-certified a request for Lyrica 50mg QTY 120, as there was no documentation of post herpetic neuralgia or diabetic neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg QTY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: MTUS Guidelines recommend muscle relaxants for short course therapy. Limited, mixed evidence does not recommend for long-term use. In this case, the patient has been prescribed Norflex since at least 2/13/2015. The indication for use of Norflex is unclear; the "pain and spasms" complaints are not detailed. MTUS recommends using muscle relaxants for 3-4 days for acute exacerbations of muscle spasm and no more than 2-3 weeks total duration. This patient's usage has far exceeded recommendations. Therefore, based on the above findings, the request for continuing Norflex is not medically necessary or appropriate.

Ibuprofen 600mg QTY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: CA MTUS states that NSAIDs are traditional first-line agents in the treatment of pain. They reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. NSAIDs are recommended for the lowest dose for the shortest period of time. This patient has been taking Ibuprofen on a long-term basis. The indication for use is unclear. There are significant cardiovascular and GI side effects with long-term use. Therefore, based on the above findings, the request for Ibuprofen is not medically necessary or appropriate.

Lyrica 50mg QTY 120, no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs), Pregabalin (Lyrica).

Decision rationale: CA MTUS states that Lyrica (Pregabalin) is FDA-approved for treatment of diabetic neuropathy and post herpetic neuralgia. Pregabalin was also approved to treat fibromyalgia. In this case, the claimant does not have any of the above diagnoses. In this case, the indication for use of Lyrica is unclear. Therefore, the request is not medically necessary or appropriate.