MAXIMUS Federal Services

Case Number:	CM15-0176110		
Date Assigned:	09/17/2015	Date of Injury:	06/01/2009
Decision Date:	10/20/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/08/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 51 year old male, who sustained an industrial injury on 6-1-09. The injured worker is undergoing treatment for lumbar strain-sprain, lumbar facet arthrosis, lumbar disc herniation and radiculopathy. Medical records dated 4-29-15 through 7-30-15 indicate the injured worker complains of stabbing back pain radiating to both hips. He rates the pain at the time of visits 8 out of 10, 4 out of 10 at best with medication and 10 out of 10 (not rated 7-30-15) without medication and unchanged from 4-29-15 visit. "He reports 50% reduction in pain and functional improvement with activities of daily living and work duties with medications versus not taking them at all." Physical exam dated 7-30-15 notes lumbar spasm, decreased range of motion (ROM) and strength and "sensory loss to light touch and pinprick in the right lateral calf with an absent right Achilles reflex." Treatment to date has included electromyogram, lumbar magnetic resonance imaging (MRI), Norco, Ambien, Norflex, Neurontin and Lyrica. The original utilization review dated 8-13-15 indicates the request for Neurontin 300mg #120 and Lyrica 100mg #60 is certified and Norflex 100mg #60 is non-certified noting insufficient documentation contraindicating the use of nonsteroidal anti-inflammatory drug (NSAID) as a first line treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norflex 100 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar sprain strain; disk herniation at L4 - L5 and L5 - S1; and chronic neuropathy bilateral lower extremities per EMG. Date of injury is June 1, 2009. Request for authorization is August 6, 2015. According to a February 26, 2015 progress note, current medications included Zanaflex 4 mg. According to an April 29, 2015 progress note, Zanaflex was discontinued and Norflex 100 mg b.i.d. was prescribed. According to a June 30, 2015 progress note, subjective complaints include back pain that radiates the hips. Objectively, there is paraspinal muscle tenderness and spasm. Current medications include Norflex, Neurontin, Lodine and Norco. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. Zanaflex was prescribed as far back as February 26, 2015. The treating provider has continued muscle relaxants through June 30, 2015 in excess of the recommended guidelines (four months, at a minimum) for short-term (less than two weeks) use. There is no documentation demonstrating objective functional improvement to support ongoing Norflex. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and continued Norflex use in excess of the recommended guidelines for short-term (less than two weeks) treatment, Norflex 100 mg #60 is not medically necessary.

Lyrica 100 mg #60: Overturned

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): Pregabalin (Lyrica). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Lyrica.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Lyrica 100 mg #60 is medically necessary. Lyrica Is recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain. Lyrica is an AED effective in diabetic neuropathy and postherpetic neuralgia. Lyrica is associated with a modest

increase in the number of patients experiencing meaningful pain reduction. In this case, the injured worker's working diagnoses are lumbar sprain strain; disk herniation at L4 - L5 and L5 - S1; and chronic neuropathy bilateral lower extremities per EMG. Date of injury is June 1, 2009. Request for authorization is August 6, 2015. According to a February 26, 2015 progress note, current medications included Zanaflex 4 mg. According to an April 29, 2015 progress note, Zanaflex was discontinued and Norflex 100 mg b.i.d. was prescribed. According to a June 30, 2015 progress note, subjective complaints include back pain that radiates the hips. Objectively, there is paraspinal muscle tenderness and spasm. The neurologic evaluation was limited to sensory loss to light touch and pinprick in the right lateral calf with an absent right Achilles reflex. Current medications include Norflex, Neurontin, Lodine and Norco. The documentation shows the injured worker has neuropathic pain with radiation from the back to the hips. The utilization review certified Lyrica 100 mg #60. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, subjective evidence of radiculopathy (back radiating to the hips) and utilization review certification, Lyrica 100 mg #60 is medically necessary.