

Case Number:	CM15-0039930		
Date Assigned:	03/11/2015	Date of Injury:	10/17/2008
Decision Date:	04/20/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/03/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 42 year old female, who sustained an industrial injury on October 17, 2008. The injured worker had reported a back injury. The diagnoses have included lumbar intervertebral disc degeneration, neurogenic bladder, myofascial pain and reactive depression. Treatment to date has included medications, psychological consultation, electrodiagnostic studies and physical therapy. Current documentation dated February 12, 2015 notes that the injured worker complained of severe back pain described as throbbing, shooting, stabbing and burning. The injured worker noted that she is sleeping better when taking Nuedexa and Lyrica. Lyrica was also noted to help with her general body aching sensations. Manual muscle testing revealed a five/five strength in both lower extremities. Reflexes were noted to be two plus and symmetric. The treating physician's recommended plan of care included continuation of her current medications to decrease her symptoms, improve functional mobility, strength, endurance and clinical findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 20.

Decision rationale: According to MTUS guidelines, “Lyrica is an anti-epilepsy drug (AEDs - also referred to as anti-convulsant), which has been shown to be effective for treatment of diabetic; painful neuropathy and post-therapeutic neuralgia; and has been considered as a first-line treatment for neuropathic pain.” There is no clear documentation of neuropathic pain in this patient that required and responded to previous use of Lyrica. In addition, there is no clear proven efficacy of Lyrica for back pain. Therefore, the request for Lyrica is not medically necessary.

Nuedexta: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cruz, M. P. (2013). "Nuedexta for the treatment of pseudobulbar affect: a condition of involuntary crying or laughing." P T 38(6): 325-328.

Decision rationale: Neudexta is indicated to treat pseudobulbar affect in patients with amyotrophic lateral sclerosis. In this case, there is no documentation that the patient has amyotrophic lateral sclerosis or pseudobulbar affect. Therefore, the request for Nuedexta is not medically necessary.

Diazepam: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) hypnotics, including benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long-term use for pain management because of unproven long-term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation that the patient has insomnia. There is no evidence of improvement of symptoms with the previous use of Diazepam. Therefore, the prescription of Diazepam is not medically necessary.

Vesicare: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Urinary Incontinence Treatment & Management <http://emedicine.medscape.com/article/452289-treatment#showall>.

Decision rationale: According to Medscape, Solifenacin (VESIcare) is a competitive muscarinic receptor antagonist that causes anticholinergic effects and inhibits bladder smooth muscle contraction. The initial dose is 5 mg qd, which may be increased to 10 mg/d if tolerated and warranted. There is no documentation that the patient developed bladder dysfunction and the need for Vesicare is not medically necessary. Therefore, the request for Vesicare is not medically necessary.