MAXIMUS Federal Services

Case Number:	CM15-0063817		
Date Assigned:	04/09/2015	Date of Injury:	12/18/2006
Decision Date:	05/12/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/03/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 68-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 18, 2006. In a Utilization Review report dated March 12, 2015, the claims administrator failed to approve a request for Klonopin and Lyrica. The applicant's attorney subsequently appealed. On February 12, 2015, the applicant reported ongoing complaints of low back pain. The applicant was allegedly quadriplegic, it was stated. Spasticity about the legs was noted. The attending provider then stated, somewhat incongruously, that the applicant was ambulating with aide of a cane in the clinic. The surgical scars were appreciated about the lumbar spine. Lyrica, Klonopin, and Zanaflex were endorsed while the applicant was placed off of work, on total temporary disability, for an additional one year. In an earlier note dated September 30, 2014, the applicant was again asked to remain off of work while employing Lyrica, Klonopin, and Zanaflex. As with the preceding note, there was little-to-no discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

Decision rationale: No, the request for Lyrica, an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is indicated in the treatment of diabetic neuropathy, postherpetic neuralgia and, by analogy, neuropathic pain conditions in general, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off of work, it was acknowledged on multiple progress notes, referenced above. The attending provider failed to outline whether ongoing usage of Lyrica (pregabalin) failed to curtail the applicant's dependence on other agents such as Klonopin and Zanaflex. The attending provider failed to outline any meaningful or material improvements in function effected as a result of ongoing Lyrica usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lyrica. Therefore, the request was not medically necessary.

Clonazepam 0.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Anxiety medications in chronic pain.

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

Decision rationale: Similarly, the request for clonazepam (Klonopin) a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are the treatment of choice for very few conditions, whether employed for sedative effect, hypnotic effect, anxiolytic effect, anticonvulsants effect, or muscle relaxant effect with most guidelines limiting their usage to four weeks. Here, it was suggested that the applicant was using clonazepam for muscle relaxant effect. It appeared that the applicant had been using Klonopin for minimum of several months as of the date of the request, February 12, 2015. Therefore, the request was not medically necessary.