

Case Number:	CM15-0068293		
Date Assigned:	04/15/2015	Date of Injury:	11/10/1986
Decision Date:	05/19/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/10/2015

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

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 55-year-old female, who sustained an industrial injury on November 10, 1986. The injured worker was diagnosed as having chronic cervicgia and right shoulder pain, cervical degenerative disc disease (DDD), cervical fusion, right shoulder rotator cuff tear with repair and impingement syndrome, bilateral knee replacement, insomnia and depression. Treatment and diagnostic studies to date have included oral and transdermal medication, tracheostomy, oxygen supplementation, injections, bilateral knee replacement and therapy. A progress note dated February 20, 2015 provides the injured worker complains of neck, shoulder and low back pain with radiation to right leg. Physical exam notes cervical and lumbar tenderness on palpation with spasm. The plan includes follow-up and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrice 100mg QTY: 120.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrice Page(s): 19-20, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin & Lyrica Page(s): 19-20.

Decision rationale: The 55-year-old patient complains of chronic neck pain with radicular symptoms in bilateral upper extremities, and low back pain with radicular symptoms in the right lower extremity, as per progress report dated 02/20/15. The request is for LYRICA 100 mg QTY 120.00. The RFA for this request is dated 02/27/15, and the patient's date of injury is 11/10/86. The patient is status post C3-C7 fusion, status post right rotator cuff tear repair, status post right total knee replacement on 02/22/10, and status post left total knee replacement on 01/12/09, as per progress report dated 02/20/15. Diagnoses included cervical degenerative disc disease, chronic cervicgia, right shoulder impingement syndrome, chronic pain in the right shoulder, cervical spondylolisthesis at C2-3, chronic low back pain, insomnia secondary to pain, depression secondary to pain, and COPD. Medications included Fentanyl patch, Percocet, Lyrica, Robaxin, Amitriptyline, Robaxin and Wellbutrin. The progress reports do not document the patient's work status. MTUS Guidelines, pages 19-20, have the following regarding Lyrica: "Pregabalin & Lyrica, no generic available; has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA-approval for both indications, and is considered first-line treatment for both." It further states, "Weaning: Do not discontinue pregabalin abruptly and weaning should occur over 1-week period. Withdrawal effects have been reported after abrupt discontinuation." In this case, a Lyrica is first noted in progress report dated 04/22/14, and the patient has been using the medication consistently at least since then. In progress report dated 02/20/15, the treating physician states that Lyrica, along with Fentanyl patch, Percocet and Robaxin, helps "manage her pain and spasm such that she can adequately function with upright activities of daily living and those involving the use of upper extremities." The patient notes 50% reduction in pain due to medications, and her tolerance for standing and walking increases to 3 minutes with medications. Given the patient's significant radicular symptoms, on-going use of Lyrica appears reasonable. The request IS medically necessary.

Robaxin 500mg QTY: 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The 55-year-old patient complains of chronic neck pain with radicular symptoms in bilateral upper extremities, and low back pain with radicular symptoms in the right lower extremity, as per progress report dated 02/20/15. The request is for ROBAXIN 500 mg QTY 240. The RFA for this request is dated 02/27/15, and the patient's date of injury is 11/10/86. The patient is status post C3-C7 fusion, status post right rotator cuff tear repair, status post right total knee replacement on 02/22/10, and status post left total knee replacement on 01/12/09, as per progress report dated 02/20/15. Diagnoses included cervical degenerative disc disease, chronic cervicgia, right shoulder impingement syndrome, chronic pain in the right shoulder, cervical spondylolisthesis at C2-3, chronic low back pain, insomnia secondary to pain, depression secondary to pain, and COPD. Medications included Fentanyl patch, Percocet,

Lyrica, Robaxin, Amitriptyline, Robaxin and Wellbutrin. The progress reports do not document the patient's work status. MTUS, pages 63-66 for muscle relaxants (for pain) states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. MTUS, pages 63-66, under antispasmodics for methocarbamol (Robaxin, Relaxin, generic available) states: The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. In this case, Robaxin is first noted in progress report dated 04/22/14, and the patient has been using the medication consistently at least since then. In progress report dated 02/20/15, the treating physician states that Robaxin, along with Fentanyl patch, Percocet and Lyrica, helps "manage her pain and spasm such that she can adequately function with upright activities of daily living and those involving the use of upper extremities." The patient notes 50% reduction in pain due to medications, and her tolerance for standing and walking increases to 3 minutes with medications. In the same report, the treating physician also states that although muscle relaxants are not recommended for long-term use, this case is an exception. "She experiences significant spasm, which continues to limit her function with activities of daily living. She has not noted any development of tolerance with that medication," the treater states. While the efficacy of Robaxin in this patient is evident, MTUS does not support long-term use due to sedative effect. Hence, the request IS NOT medically necessary.