

Case Number:	CM14-0173239		
Date Assigned:	10/24/2014	Date of Injury:	01/24/2010
Decision Date:	11/25/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/20/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56 year old female with date of injury 1/24/10. The treating physician report dated 9/8/14 indicates that the patient presents with chronic pain affecting the right side of her neck, right shoulder, shoulder blade, and lower back radiating into the legs. The physical examination findings reveal a height of 5'3", 237 lbs, BMI 41.3 and a urinary drug screen on 8/18/14 positive for Hydrocodone. Prior treatment history includes injection to the right hip which helped decrease pain. The current diagnoses are chronic pain syndrome; cervicalgia; dysthymic disorder; lumbosacral neuritis; and myalgia, neuralgia and medical insomnia. The utilization review report dated 9/18/14 denied the request for Fluriflex ointment and Lyrica based on the MTUS guidelines and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with chronic pain affecting the right side of her neck, right shoulder, shoulder blade, and lower back radiating into the legs. The current request is for Fluriflex ointment. Fluriflex is a topical analgesic that contains 15% Flurbiprofen and 10% Cyclobenzaprine. Fluriflex is not in accordance with MTUS. MTUS states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS states baclofen and other muscle relaxants are not recommended as a topical product. The muscle relaxant Cyclobenzaprine component of the topical analgesic Fluriflex is not supported by MTUS. Therefore, this request is not medically necessary.

Lyrica 75mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), SPECIFIC ANTI-EPILEPSY DRUGS; Pregabalin (Lyrica) Page(s): 16-18, 1.

Decision rationale: The patient presents with chronic pain affecting the right side of her neck, right shoulder, shoulder blade, and lower back radiating into the legs. The current request is for Lyrica 75mg #60. Review of the 10 treating physician reports dated 2/6/14 through 9/29/14 indicate that the patient was previously prescribed Theramine for neuropathic pain which was discontinued on 5/13/14. There has not previously been a trial of Lyrica for the documented radiating pain into the lower extremities. The MTUS guidelines support the usage of Lyrica for neuropathic pain, diabetic neuropathy and postherpetic neuralgia. In this case, the treating physician has made an initial request for a trial of Lyrica and states, "Start Lyrica 75mg 1po BID #60." The treating physician has prescribed a medication that is supported by MTUS for the treatment of radiating pain into the legs. Ongoing usage will require appropriate supporting documentation as outlined in MTUS. Therefore, this request is medically necessary.