

<b>Case Number:</b>	CM13-0010941		
<b>Date Assigned:</b>	03/10/2014	<b>Date of Injury:</b>	10/01/2001
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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 and Washington. 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 injured worker is a 50-year-old male who reported an injury on 10/01/2001 due to a pulling in his back after carrying carpet. The injured worker had a history of lower back pain. The injured worker had a diagnosis of post laminectomy syndrome of the lumbar spine. The injured worker also had a diagnosis of degenerative disc disease at the L4-5 and the L5-S1 with disc bulge, spondylolisthesis at the L5-S1, and chronic pain syndrome. The prior surgeries included a status post L4-S1 fusion 08/2004, status post revision L5-S1 surgery in 2005, and status post revision to the left L5 hemi laminectomy and L5-S1 facetectomy on 03/03/2008. The MRI dated 03/12/2012 revealed a status post laminectomy and fusion from the L4-S1 levels with anterolisthesis at the L5-S1, a small central protrusion at the T12-L1 level. The past treatments included use of a transcutaneous electronic nerve stimulator unit, aqua therapy, and 5 epidural steroid injections of unknown dates. The patient had had excellent response to his last procedure with a decrease in pain level. The MRI dated 06/17/2013 indicated that the injured worker had central canal stenosis at the L5-S1 neural foraminal stenosis. Per the clinical notes dated 07/02/2013 the objective findings indicated a decreased pinprick sensation to the anterior and posterior thigh as well as sham calf and dorsum and plantar aspects of the left foot. There was also decreased pinprick sensation to the right lateral thigh as well as the dorsum and plantar surfaces of the right foot. A negative Babinski's, negative clonus and a negative Hoffman's were also noted. The objective findings dated 07/02/2013 also revealed the injured worker had difficulty standing on his heels and toes on the left, ambulated with an analgic gait, used a 4 point walker, lower extremity strength was 4/5 throughout, right lower extremity strength was a 5/5, reflexes were 2+ and symmetric, positive straight leg raise on the right. Per the clinical note 07/08/2013, the medication regimen was Lyrica 150 mg and Cymbalta 60 mg. Per clinical note dated 07/03/2013, the injured worker reported his pain to the lower back a 9/10 using the VAS.

Treatment plan included for patient to continue with the medication as prescribed, refill Lyrica, Norco and Cymbalta. The request for authorization form dated 07/16/2014 was submitted with documentation, no rationale given for medications Lyrica 150 mg, Norco 10/325 mg, or the Cymbalta 60 mg.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Prospective request for 1 prescription of Lyrica 150mg #120 with 6 refills: 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 Anti-epilepsy drugs Page(s): 19.

**Decision rationale:** The request for Lyrica 150 mg #120 with 6 refills is not medically necessary. The California MTUS Guidelines state that Lyrica has been documented to be effective in treatment of a diabetic neuropathy and postherpetic neuralgia, has FDA approval on both indications and it is considered first line treatment for both. The clinical notes dated 07/02/2013 indicate that the injured worker had numbness and weakness to the left lower leg and was noted to be a diabetic; however, no documentation to support that the patient has diabetic neuropathy at this time. The frequency was not indicated on the request. As such, the request is not medically necessary.

**Prospective request for 1 prescription of Norco 10/325mg #60 with 6 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Specific Drug and opioids Page(s): 99, 77, 78.

**Decision rationale:** The request for Norco 10/325 mg #60 with 6 refills is not medically necessary. The California MTUS Guidelines state that Norco/Hydrocodone/Acetaminophen is a short-acting opioid, which is an effective method of controlling chronic/intermittent or breakthrough pain. The guidelines recommend 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial, functioning and the occurrence of any potentially aberrant or no adherent drug related behaviors. Per the clinical notes dated 07/04/2014 no documentation of pain relief, side effects, physical or psychological functioning or the occurrence of aberrant. The request did not address the frequency. As such, the request is not medically necessary.

**Prospective request of 1 prescription of Cymbalta 60mg #60 with 6 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 43-44.

**Decision rationale:** The prospective request of 1 prescription for Cymbalta 60 mg #60 with 6 refills is not medically necessary. The California MTUS Guidelines recommend Cymbalta as an option for first line treatment option in neuropathic pain. Cymbalta is a norepinephrine and a serotonin re-uptake inhibitor antidepressants. Per the clinical notes provided, no evidence of depression behavior or neuropathic pain had been documented. The request did not address the frequency. As such, the request is not medically necessary.