

<b>Case Number:</b>	CM13-0012153		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	05/09/1995
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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 Orthopaedic Surgery 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 injured employee is a 57-year-old female who states she sustained a work-related injury on May 9, 1995. The most recent report available for review is dated July 12, 2013, at which time the injured employee complained of chronic neck pain and low back pain. The injured employee rated her pain at 10/10 at its worst and 4/10 at its best. There were complaints of difficulty sleeping, walking, lifting, and performing activities of daily living to pain. It was stated the injured employee's pain was barely controlled with a current medication regimen. Current medications were stated to include Voltaren Gel, Lyrica, MS Contin 15 mg, MS Contin 30 mg and Norco. The physical examination on this date noted an antalgic gait, tenderness of the right and left side lumbar paravertebral muscles at the L4-L5 and L5-S1 levels. There was pain with lumbar extension and lateral rotation as well as reduced lumbar range of motion. Decreased lower extremity strength was noted on the right side at 4/5. Examination of the cervical spine noted decreased range of motion and tenderness greatest along the right side of the paracervical muscles. Motor strength was 5/5 in the upper extremities. An MRI of the cervical spine, dated October 19, 2012, noted a central disc protrusion at the C6-C7 level and moderate central canal narrowing at C3-C4 through C5-C6. An MRI of the lumbar spine noted annular disc bulging at the L4-L5 level and moderate central canal and bilateral foraminal stenosis along with disc degeneration at the T12-L1 and L1-L2 levels. No nerve root involvement was noted. A previous utilization management review, dated July 27, 2013, did not deem medical necessity of the request for surgical consultation, Lyrica, MS Contin or Pennsaid. A modified medical necessity was recommended for Norco and a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE SURGICAL CONSULTATION FOR THE CERVICAL AND LUMBAR SPINE:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM) 2004 specifically states that a surgical referral is only indicated for severe and disabling arm or leg symptoms that is consistent with findings on objective studies, clear clinical, imaging, and electrophysiological evidence of a lesion, that has been shown to benefit in both the short and long term from surgical repair, or failure of conservative treatment to resolve disabling radicular symptoms. The injured employee does not meet any of these criteria for surgery, and the MRIs of the cervical and lumbar spine clearly do not show any pathology that would benefit from a surgical procedure. For these multiple reasons, this request for surgical consultation for the cervical and lumbar spine is not medically necessary.

**LYRICA 50MG #56:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Pregabalin Page(s): 99.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) chronic pain medical treatment guidelines specifically state that Lyrica has been documented to be effective in the treatment of diabetic nephropathy and post-herpetic neuralgia and is also approved for treatment for fibromyalgia. The injured employee has not been diagnosed with any of these conditions. Even if Lyrica was recommended for general neuropathic pain, the injured employee does not complain of this condition nor is any of it apparent on physical examination. For these multiple reasons, this request for Lyrica is not medically necessary.

**NORCO 10/325MG #28:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Opioids for Chronic Pain Page(s): 80.

**Decision rationale:** According to the California Medical Treatment Utilization Schedule (MTUS) chronic pain medical treatment guidelines opioid medications, such as Norco, it is only indicated for short term usage of chronic pain conditions such as chronic back and neck pain. For continued use of Norco, the injured employee should have documented pain relief with this medication to include increased ability to work and perform activities of daily living. There is no official documentation of this in the attached medical record. Similarly, there have been two recommendations in the past to wean the injured employee from narcotic medications. For these multiple reasons, this request for Norco is not medically necessary at this time.

**PENNSAID 1.5% TOPICAL DROPS #5 BOTTLES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Topical Analgesics Page(s): 111.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) chronic pain medical treatment guidelines specifically recommend topical anti-inflammatory agents for osteoarthritis and tendinitis of the knee and elbow. There is no evidence that topical anti-inflammatories such as Pennsaid have any efficacy for osteoarthritis of the neck or lumbar spine. For this reason, this request for Pennsaid is not medically necessary.