

Case Number:	CM13-0013081		
Date Assigned:	12/27/2013	Date of Injury:	03/30/2005
Decision Date:	06/16/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/19/2013

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 has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 52 year old female with a work injury dated 8/29/05. The diagnoses include 1. Status post anterior cervical discectomy and fusion on September 8, 2010 for cervical degenerative disc disease. 2. Cervical spondylosis with radiculopathy 3. Cervical spinal stenosis 4. Bilateral carpal tunnel syndrome status post left carpal tunnel release twice 5. Occipital neuralgia with cervicogenic headaches. 6. bilateral upper extremity pain. There are requests for the medical necessity of Vicodin and Lyrica. There is an 11/26/13 primary treating physician report that states that the patient complains of severe left sided neck pain with left-sided headaches. She has pain in both upper extremities, and this is worse on the left. She has dysesthesias in the distal upper extremities with numbness, tingling, and electrical type pain. She also has joint pain in both upper extremities. She has neck pain, upper thoracic pain, decreased range of motion and difficulty using both hands. She complains of low back pain that radiates into the left lower extremity. Per documentation, the patient received a cervical epidural steroid C7 selective nerve root block on March 13, 2012 with more than 50% pain relief for several months and she was able to decrease her pain medications. She is awaiting cervical spine authorization. Per this documentation the provider documents that the patient has failed first line treatment with Gabapentin due to cognitive blunting and sedation. She has shown significant benefit from Lyrica without side effects. Per documentation the patient has shown 40% improvement in pain control and function with her Vicodin. There is a 7/8/13 document which states that the patient is having increasing pain, numbness, and weakness in both arms. The numbness is worse in the left hand. The patient has complaints of decreased cervical range of motion. She also complains of pain affecting the upper extremities, left greater than right. She describes dysesthesias in the distal upper extremities. She complains of joint pain and has

difficulty with grip strength. There is pain to both elbows and she states that the pain radiates up to the cervical spine. She continues to complain of headaches. The patient also describes pain in the low back affecting the left lower extremity. On the analog scale, the patient continues to rate her pain 9/10 with current medications. Without medication, she rates her pain at 10+/10. The patient has previously noted 20% to 30% functional improvement with the use of medication. Per documentation on this date she is not noting as good pain control and there is concern of a disc herniation. The patient continues to rate her pain a 6/10 on a visual analog scale with current medications. Without medications, she rates her pain a 10/10. The patient notes 40% improvement in pain and 40% improvement in function with her current medication usage. She continues to note improvement in her ability to use her upper extremities and to participate in activities of daily living with her current medication regimen. She notes ability to participate in light cooking, household chores such as cleaning, and shopping for groceries. She notes that without medication she is unable to participate in these activities. She denies any adverse side effects from the medications. She has signed a pain medication agreement and continues to adhere with the guidelines. She has demonstrated compliance with prescribed medications as evidenced by random urine drug screens. On physical exam the patient has bilateral cervical paraspinal tenderness with 1+ palpable muscle spasm present. She has an increase in pain with extension and rotation consistent with cervical facet syndrome. Her cervical flexion is 20 degrees, extension is 15 degrees, right rotation is 15 degrees, and left rotation is 15 degrees. Lateral head range of motion is 5 degrees right and 10 degrees left. Positive Spurling's right greater than left. On upper extremity testing she has diffuse weakness bilaterally with hyperesthesia in the bilateral C7 dermatome. Abductor pollicis brevis right is 4/5 and left is 4/5. Abductor pollicis longus right is 4/5 and left is 4/5. Positive Tinel's bilateral wrists and elbows. There is diffuse joint pain over the DIPs and PIPs both hands, left greater than right, with mild joint swelling and no redness.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF VICODIN 7.5/500MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin[®], Lortab[®]), Opioids Page(s): 51,79.

Decision rationale: Per guidelines opioids should be continued if the patient has improvements in pain as well as functional improvement. The documentation submitted reveals that the patient has been on Vicodin since at least 5/17/12 without significant documentation of functional improvement as defined by the Medical Treatment Utilization Schedule or improvements in pain. The request for Vicodin 7.5/500mg is not medically necessary.

1 PRESCRIPTION OF LYRICA 150MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica[®], no generic available) Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPTIC DRUGS Page(s): 16-18.

Decision rationale: Per guidelines Lyrica is an antiepileptic drug (AED) and has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia and is considered first-line treatment for both. Furthermore, a "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. Per the MTUS guidelines, after initiation of treatment there should be documentation of pain relief and improvement in function . The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Per documentation the patient has no evidence of diabetic neuropathy or post herpetic neuralgia. The patient has been on Lyrica since 5/17/12 without significant functional improvement as defined by the Medical Treatment Utilization Schedule or improvement in pain. The continuation of Lyrica is not medically necessary.