

<b>Case Number:</b>	CM13-0018744		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/21/2008
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 physician 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:

This case involves a patient with a date of injury of 2/21/08. A utilization review determination, dated 7/26/13 recommends non-certification of naproxen, Flexeril, Norco, and Lyrica. A 7/23/13 medical report identifies low back pain, with radiation to the legs and numbness in the feet. The patient has difficulty with his activities of daily living (ADLs) due to pain, and the right leg occasionally gives out. He is frustrated and depressed, and also has insomnia due to chronic pain. The pain is 5/10 with medication and 10/10 without. The opioids allow the patient to do ADLs, including standing, sitting, and walking. There are no significant side effects or any aberrant behavior. The medication lasts thirty (30) days or longer, and the patient does not require early refills. On exam, muscle strength in the left lower extremity (LLE) is 4/5, due to pain and 4+/5 on the right, also due to pain. No atrophy is noted. The sensation is decreased in the L5 and S1 dermatomes on the left. The lumbar range of motion is 60% of normal and the straight leg raise is positive at 60 degrees on the left and 80 degrees on the right. The recommendations include reevaluation with neurosurgery, MRI of the lumbar spine, six (6) psychotherapy sessions, Norco, Lyrica, naproxen, and Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NAPROXEN 500 MG, #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS, Chronic Pain Medical Treatment Guidelines, page 66.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, , 67-69

**Decision rationale:** The Chronic Pain Guidelines indicate that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is indication that the medications are providing significant analgesic benefits and functional improvement. In light of the above, the currently requested naproxen is medically necessary.

**FLEXERIL 10MG, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 41-42.

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

**Decision rationale:** The Chronic Pain Guidelines indicate that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is indication that the medications are providing significant analgesic benefits and functional improvement. In light of the above, the currently requested naproxen is medically necessary.

**NORCO 10/325, #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, criteria for use Page(s): 76-79. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, , 76-79

**Decision rationale:** The Chronic Pain Guidelines indicate that due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. The Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the Norco is improving the patient's function and pain with 5/10 pain noted with medications and 10/10 without medications. There are also improved activities of daily living (ADLs) in the form of standing, sitting, and walking. The provider also notes that there are no significant side effects or any

aberrant behavior, the medication lasts thirty (30) days or longer, and the patient does not require early refills. In light of the above, the currently requested Norco is medically necessary.

**LYRICA 150MG, #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS, Chronic Pain Medical Treatment Guidelines, page 99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, , 16-21

**Decision rationale:** The Chronic Pain Guidelines indicate that antiepilepsy drugs (AEDs) are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. The Guidelines go on to state that after the initiation of treatment, there should be documentation of pain relief and improvement in function, as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is the identification of specific analgesic benefit and objective functional improvement. Additionally, there is discussion regarding an absence of side effects from the medication. In light of the above, the currently requested Lyrica is medically necessary.