

<b>Case Number:</b>	CM13-0058675		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/19/2006
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Occupational Medicine, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain. The applicant reported an industrial injury of January 9, 2006. Thus far, the applicant has been treated with the following: analgesic medications; adjuvant medications; attorney representation; trigger point injection therapy; and the apparent imposition of permanent work restrictions which have resulted in the applicant's removal from the workplace. In a utilization review report of October 30, 2013, the claims administrator partially certified Norco for weaning purposes and denied Lyrica outright. The applicant's attorney subsequently appealed. A December 13, 2013 progress note is notable for comments that the applicant reports persistent pain and poor quality of sleep. The applicant has been drinking occasionally, but denies smoking. The applicant is severely obese with a BMI (Body Mass Index) of 38. The applicant's medications include Norco, Flexeril, Pennsaid, Lyrica, Robaxin, Flonase, Norco, Prilosec, Zolof, and Motrin. The motor testing was limited secondary to pain. Shoulder range of motion is also limited with surgical scars evident over the palms. Robaxin was endorsed on the grounds that the applicant had failed Zanaflex. It is stated that Lyrica is working well for pain control purposes and that the applicant is able to move her hands better with Lyrica usage. Lyrica reportedly reduces the applicant's pain scores from 8/10 to 1-2/10. It is also stated that usage of Norco diminishes the applicant's pain scores from 8/10 to 4/10.

### 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 NORCO 10/325MG, #120:**

Overtured

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of the same. In this case, the applicant seemingly meets two of the three criteria. While she has not returned to work, she does report improved function, improved ability to grip, grasp, and use her hands as a result of ongoing medication usage, including ongoing Norco usage. She has achieved the requisite reduction in pain score as a result of the same. Continuing Norco, on balance, is therefore, indicated. Accordingly, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.

**LYRICA 100MG:** Overtured

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, Pregabalin or Lyrica is considered a "first-line treatment" for neuropathic pain. In this case, the applicant does have ongoing issues with neuropathic pain, apparently associated with carpal tunnel syndrome. It is further noted that the MTUS Chronic Pain Medical Treatment Guidelines takes the position that many chronic pain conditions "may have a large centralized component" of neuropathic pain. In this case, the attending provider has seemingly posited that the applicant has responded favorably to introduction of Lyrica. The applicant has reportedly achieved the requisite reduction in pain scores and does report an improved ability to grip, grasp, and use her hands as a result of the same. Continuing Lyrica, on balance, is therefore indicated and appropriate. Accordingly, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.