

<b>Case Number:</b>	CM14-0104284		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/06/2004
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Interventional Spine 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 patient is a 38 years old female with an injury date on 10/06/2004. Based on the 06/24/2014 utilization review appeal report provided, the diagnoses are: herniated nucleus pulposus at L4-L5 and bilateral lumbar radiculitis. According to this report, the patient present with Lumbrosacral "range of motion loss." Per the treating physician, the patient had radiculopathy and a herniated nucleus pulposus demonstrated at L4-L5. "The degenerative joint disease is well outlined." The patient can perform light duty and cannot return to her permanent stationary job. Physical exam findings were not included in this report. The 08/05/2013 report indicates the patient's current medications are Lyrica, Norco and Tizanidine. Physical exam reveals tenderness at L4-L5 with paraspinals spasm. Trigger points are noted at L4-L5 and lumbar paraspinals muscle. Positive straight leg raise. Motor exam shows abnormal weakness of calf. There were no recent PR2 reports provided in the file for review. There were no other significant findings noted on this report. The utilization review denied the request on 06/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 20/325 MG # 150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen/Hydrocodone, Opioids Page(s): 11,51,74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain; Opioids for Chronic Pain Page(s): 60, 61; 80, 81.

**Decision rationale:** According to the 08/05/2013 report, this patient presents with low back pain. The treating physician is requesting Norco 20/325 mg #150. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, none of the reports show documentation of pain assessment using a numerical scale describing the patient's pain and function. No outcome measures are provided. No specific ADL's, return to work are discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, the request for Norco 20/325 MG # 150 is not medically necessary.

**Lyrica 75 MG # 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica, Pregabalin Page(s): 58, 99.

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

**Decision rationale:** According to the 08/05/2013 report, this patient presents with low back pain. The treating physician is requesting Lyrica 7.5 mg # 60. The most recent progress report is dated 08/05/2013 and the utilization review letter in question is from 06/18/2014. Regarding Lyrica for pain, MTUS Guidelines recommend it for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Lyrica was first mentioned in the 08/05/13 report and it is unknown exactly when the patient initially started taking this medication. Review of reports indicate that the patient has neuropathic pain and the treating physician mentions that this medication is "giving exceptional relief with mild pain," from 8/5/13 report. The request for Lyrica 75 MG # 60 is medically necessary.