

<b>Case Number:</b>	CM14-0109762		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	05/08/2008
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Internal 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 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 an injured worker with lumbosacral conditions. Date of injury was 05-08-2008. The progress report dated August 15, 2014 documented subjective complaints of lower backache and left hip pain. She has failed Dexilant (constipation) and Nexium (too strong). Subjective complaints were lower backache and left hip pain. Quality of sleep is fair. She is not trying any other therapies for pain relief. She denies any new injury since last visit. Her activity level has increased. The patient is taking her medications as prescribed. She states that medications are working well. Medication included Tylenol with Codeine. Past medications included Lyrica and Ultram. Objective findings were documented. She appears to be well groomed. The patient appears to be well nourished and well developed. The patient appears to be calm and in moderate pain. She does not show signs of intoxication or withdrawal. The patient has a left sided antalgic gait, has slowed gait, and is assisted by cane. Lumbar spine range of motion is restricted with flexion limited to 50 degrees and extension limited to 10 degrees. On palpation, paravertebral muscles, hypertonicity, spasm and tenderness is noted on both the sides. No spinal process tenderness is noted. Lumbar facet loading is negative on both sides. Straight leg raising test is positive on the left side in sitting at 75 degrees. Tenderness noted over the coccyx sacroiliac spine. Inspection of the hip joint reveals swelling surgical scar left groin - inguinal area. Range of motion is restricted with pain motor testing limited by pain. No involuntary movements are noted. Babinski's sign is negative. Straight leg raising test is positive on left side. Gross inspection of skin demonstrates no evidence of abnormality. Hair and nails are also normal. Skin is warm and dry. Diagnoses were low back pain and lumbar radiculopathy. Treatment plan included Tylenol with Codeine #3, Lyrica, and Omeprazole. MRI magnetic resonance imaging dated 12/31/12 documented lumbosacral spinal abnormalities. Patient had physical therapy. Electromyogram (EMG) and nerve conduction studies (NCS) dated June 2013 documented an

abnormal study with electrodiagnostic evidence of peripheral polyneuropathy in the legs bilaterally. Urine drug screen performed on 1/31/14 was negative. On 7/18/14, the patient reported that the medications have been working well. The pain medication regimen was helpful for decreasing pain and increasing functional status. She notes that the Tylenol with Codeine is effective to help reduce her pain, and the Lyrica is helpful for neuropathic pain. With the medication the patient is able to clean at home and walk further. Utilization review determination date was 7/10/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lyrica 100mg qty 45: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDS); Pregabalin (Lyrica) Page(s): 16-20. Decision based on Non-MTUS Citation FDA Prescribing Information Lyrica, <http://www.drugs.com/pro/lyrica.html>

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs (AEDs) may be used for neuropathic pain. FDA Prescribing Information documents that the withdrawal of Lyrica, which is an antiepileptic drug, is associated with the potential of increased seizure frequency. Medical records document that the patient has been prescribed Lyrica for neuropathic pain. Electromyogram (EMG) and nerve conduction studies (NCS) dated June 2013 documented an abnormal study with electrodiagnostic evidence of peripheral polyneuropathy in the legs bilaterally. The pain medication regimen was helpful for decreasing pain and increasing functional status. The Lyrica is helpful for neuropathic pain. The maintenance of Lyrica is supported by the medical records and MTUS guidelines. Therefore, the request for Lyrica 100mg quantity 45 is medically necessary.

#### **Tylenol with Codeine #3 (3/300mg) qty 60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Opioid dosing guidelines are presented (page 86). Actual maximum safe

dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Medical records document regular use of opioid medications with regular office visits for clinical reevaluation. The medical records document objective evidence of significant pathology on imaging and electrodiagnostic studies and physical examination. Analgesia was reported. MRI magnetic resonance imaging dated 12/31/12 documented lumbosacral spinal abnormalities. Electromyogram (EMG) and nerve conduction studies (NCS) dated June 2013 documented an abnormal study with electrodiagnostic evidence of peripheral polyneuropathy in the legs bilaterally. Urine drug screen performed on 1/31/14 was negative. On 7/18/14, the patient reported that the medications have been working well. The pain medication regimen was helpful for decreasing pain and increasing functional status. She notes that the Tylenol with Codeine is effective to help reduce her pain. Medical records support the maintenance of the patient's pain medication regimen. Medical records support the maintenance of the Tylenol with Codeine #3 prescription. Therefore, the request for Tylenol with Codeine #3 (3/300mg) quantity 60 is medically necessary.