

<b>Case Number:</b>	CM14-0013914		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	05/07/2001
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 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 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:

This is a 44-year-old male with a date of injury of 5/7/2001. The mechanism of injury has not been described. According to the submitted progress reports, the patient has been treated for chronic low back pain involving a long-term pharmacotherapy regimen of Lyrica, Soma, and Vicodin. The use of these medications dates back to at least 2/14/12, and perhaps longer. The patient's last drug screen was on 2/14/12, however the results are not present in the documentation, however the physician states that "no abusive behaviors" were present. The patient appeared to get the most relief from the use of Lyrica, which he was taking every day. He attributed improved ability to perform activities of daily living and pain levels that went from 6/10 to 0-1/10 with the use of this particular medication. He stated that he was taking Vicodin only occasionally, generally for pain "flare ups". The provider indicated that this opiate was to be used every six hours for pain. The most recent progress reports revealed the following objective findings: lower extremity light touch intact bilaterally, 5/5 muscle strength, moderate myofascial tenderness to palpation across the low back, lumbar flexion and extension were 70 and 10 degrees, the ability to transition and ambulate without complications, and no mention was made of muscle spasms. Diagnostic impression: lumbago, displacement of lumbar disc without myelopathy, unspecified myalgia and myositis. Treatment to date: medication management, activity modification, TENS unit. A UR decision dated 1/23/14 certified Lyrica 150 mg with a modification to quantity of 54. According to guidelines, Lyrica has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There are no subjective nor objective findings to support the presence of neuropathic pain. A UR decision dated 1/23/14 certified Soma 350 mg with a modification to quantity of 18 for weaning purposes. The guidelines state that Soma is not indicated for long-term use. The provider recommended that the patient use this medication

for muscle spasms, however this finding was never noted in any of the progress reports. A UR decision dated 1/23/14 certified Vicodin 5-500 mg with a modification to quantity of 18 for weaning purposes. It did not appear that the patient's adherence to the proper use of this medication has been adequately monitored.

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

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

**LYRICA 150 MG #270 (THREE MONTHS): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20.

**Decision rationale:** MTUS states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. The patient reports Lyrica helps his low back pain and ADL's, however, there is no indication that the patient has subjective complaints of objective findings of neuropathic pain in the documentation provided. Therefore, the request for Lyrica 150 mg #270 (three months) was not medically necessary.

**SOMA 350 MG #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soporodal 350, Vanadom, Generic Available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29; 65.

**Decision rationale:** CA MTUS states that SOMA is not recommended. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. It is also recommended only for short-term use. Therefore, the request for Soma 350 mg #30, was medically not necessary.

**VICODIN 5/300 MG #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-82.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The progress note dated 8/27/13 stated that the patient's back pain was controlled with Lyrica. His pain is a 0-1/10 without medication and 6/10 with medications. However, the patient is noted to be taking Vicodin on a prn basis and it is unclear how many tablets the patient takes on a monthly basis. Additionally, it is unclear how this particular medication decreases patient's pain with regard to VAS or provides functional gain. In addition, there is no monitoring in the form of UDS or CURES reports and no pain contract. There is no documentation as to continuous monitoring of patient's medication use as there are only 2 progress reports about a year apart. Therefore, the request for Vicodin 5/500 mg #30 was not medically necessary.