

<b>Case Number:</b>	CM14-0016882		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	09/30/2002
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 43-year-old male who was injured on September 30, 2002. The patient continued to experience back pain radiating down both legs. Physical examination was notable for loss of lumbar lordosis, lumbar paravertebral muscle spasm/tenderness, positive lumbar facet loading bilaterally, positive straight leg raise bilaterally, and bilateral hyperesthesia in L4/L5 dermatomes. Diagnosis was post lumbar laminectomy syndrome. The current treatment was medications only. The patient had been on opioids and Lyrica since at least August 2012. There is documentation that he had a signed opioid agreement and was participating in urine drug testing. He was not obtaining analgesia from the medications. The requests for authorization for Lyrica 150 mg # 90 with 3 refills, MS Contin 60 mg # 120 with one refill, and Norco 10/325 # 90 with one refill were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LYRICA 150MG #90 WITH 3 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug Page(s): 16-20.

**Decision rationale:** Lyrica is Pregabalin, an anti-epilepsy drug. It 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. Pregabalin has been associated with many side effects including edema, CNS depression, weight gain, and blurred vision. Somnolence and dizziness have been reported to be the most common side effects related to tolerability. It is recommended in neuropathic pain conditions and fibromyalgia. In this case the patient had been taking Lyrica since at least August 2012. He was not obtaining analgesia. Documentation in the medical record on November 20, 2013 states that the patient's pain had increased since the previous visit and the patient's pain is unchanged on January 13, 2014. The medication is not effective for pain control. The request is not medically necessary.

**MS CONTIN 60MG #120 WITH ONE REFILL:** Upheld

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

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

**Decision rationale:** MS Contin is a controlled release preparation of the opioid morphine. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. In this case the patient has been compliant with opioid contract and urine drug testing. However, analgesia has not been obtained. Documentation in the medical record on November 20, 2013 states that the patient's pain had increased since the previous visit and the patient's pain is unchanged on January 13, 2014. In addition the morphine dosing is 240 mg daily which surpasses the recommended daily maximum of 120 mg morphine equivalents. This is in addition to the Norco 10/325 mg 3 times daily which is equivalent to other 30 mg morphine equivalents. The medication is not medically necessary.

**NORCO 10/325MG #90 WITH ONE REFILL:** Upheld

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

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

**Decision rationale:** Norco is the compounded medication containing Hydrocodone and Acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid

analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. In this case the patient has been compliant with opioid contract and urine drug testing. However, analgesia has not been obtained. Documentation in the medical record on November 20, 2013 states that the patient's pain had increased since the previous visit and the patient's pain is unchanged on January 13, 2014. The patient should be weaned from the opioids because analgesia has not been obtained. The request is not medically necessary.