

<b>Case Number:</b>	CM14-0113926		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/23/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 43-year-old male with an injury date of 03/23/2013. Based on the 01/28/2014 progress report, the patient complains of having lower back pain radiating into the bilateral legs. Palpation of the lumbar facet elicits facet tenderness and the patient has a positive straight leg raise on his bilateral lower extremities. Palpation of bilateral quadratus lumborum and erector spinae muscles revealed spasming and twitching of the muscle bellies with point tenderness at various points. The 03/10/2014 indicates that the patient complains of constant sharp right-sided neck pain which radiates down to his right arm with tingling in the shoulder. He has left shoulder pain and tingling when he lies on that side. The patient also has nerve tightness, which is burning and itching. The pain radiates to both his feet with pain/tingling in all the toes. The patient rates his pain as an 8/10. The patient's diagnoses include the following: 1. Status post 07/06/2007 work-related low back injury. 2. Status post 03/23/2013 work-related low back injury. 3. Lumbar spondylosis. 4. Psychiatric comorbidity. 5. Chronic pain syndrome. The utilization review determination being challenged is dated 07/16/2014. Three treatment reports were provided from 01/28/2014, 03/10/2014, and 07/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 50mg PO TID #90 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica, Anti-Epilepsy Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Specific anti-epilepsy drugs, Medications for chronic pain Page(s): 1.

**Decision rationale:** Based on the 03/10/2014 progress report, the patient complains of having constant right-sided neck pain and sharp lower back pain. The request is for Lyrica 50 mg p.o. t.i.d. #90 with 5 refills. The patient has been taking Lyrica as early as 01/28/2014. MTUS Guidelines has the following regarding pregabalin (Lyrica), "Pregabalin (Lyrica, no generic available) 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." MTUS page 60 states, "A record of pain and function with the medication should be recorded." There is no discussion provided as to how Lyrica has impacted the patient's pain and function since they began taking it. The request is not medically necessary.

**Butrans Patch 5mcg/hour #4, 1 month duration #4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of opioids Page(s): 60, 61, 88, 89.

**Decision rationale:** Based on the 03/10/2014 progress report, the patient complains of having constant right-sided neck pain, and sharp lower back pain. The request is for BuTrans patch 5 mcg/hr 1-month duration #4. The patient has been using BuTrans patch as early as 01/28/2014. For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every 6 months, documentation of the 4As (analgesia, activities of daily living (ADLs), adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. In this case, no specific ADLs or adverse behavior/side effects were mentioned. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should be slowly weaned off as outlined in MTUS Guidelines. The request is not medically necessary.