

Case Number:	CM14-0153867		
Date Assigned:	09/23/2014	Date of Injury:	04/19/2001
Decision Date:	10/24/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/21/2014

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:

According to the provided records this 56-year-old who man who was injured on 4/19/2001. Mechanism of injury was not mentioned in the reports. The affected body part is the low back. The disputed treatments being addressed are prescriptions for Lyrica 50 mg #30 with 3 refills and Norco 10/325 mg #90 with 3 refills which were discussed in a utilization review determination letter from 8/26/14. The Norco was 1st mentioned in a report from 5/5/09 which stated that the patient was using an average of 2 Norco 10/325 mg per day. The pain management report from 10/18/11 documented use of Lyrica 50 mg one 3 times a day and hydrocodone/acetaminophen 10-325 mg 1 every 4 hours as needed for pain (generic for Norco). There have been lumbar epidural steroid injections multiple times including on 6/18/12, 1/14/13, 7/29/13, 12/23/13, and 5/12/14 for the radicular pain. Medical reports indicate that the patient takes a number of medications in addition to the ones currently being reviewed. Consistently, there is complaint of low back pain referring to the bilateral lower extremities with burning pain in the feet and numbness and tingling. The 8/18/14 report that requested these medications indicated that the patient was having a significant increase in pain to the center and bilateral low back, and bilateral buttock's. The 5/12/14 procedure went well with relief of low back pain for over 3 months. However, there is no mention that the patient decreased any medication as a result of the epidural. Pain is described as "sharp, stabbing and burning". The report states that medications include the Norco 10/325 mg # 30, 4 times a day, a muscle relaxant tizanidine, and Lyrica 50 mg once at bedtime. Physical examination showed lower extremity deep tendon reflexes to be 2+, sensation was intact, motor strength was normal except for bilateral hip flexors 3-/5, extensors 3-/5, and straight leg raises were positive. Diagnoses were lumbosacral spondylosis without myelopathy and displacement of lumbar intervertebral disc without myelopathy. Patient was encouraged to exercise as tolerated. There is no mention of what type of

exercise is being done or the frequency. In the reports there was no mention of the patient being referred for a course of physical therapy for his flare-ups; these all seem to be treated by epidural steroid injections. There is no mention in the reports that this patient had ever had back surgery and no mention of any recent diagnostic testing such as lumbar MRI or electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Lyrica 50mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs (AEDs) Page(s): 1, 16-20.

Decision rationale: The medical records indicate patient has been using this medication since at least 10/18/11. There is no mention in any of the reports provided, what if any specific reduction in the patient's overall pain levels was initially achieved with the Lyrica or is still being achieved with the Lyrica. There is no evidence that adding this medication allowed patient to reduce his other analgesics. There is no indication that it resulted in less dependence on medical treatment or that it resulted in increased ability to ambulate or perform any other new or additional activities of daily living. This is indicated for neuropathic pain (which would be consistent with the patient's complaints of radicular pain symptoms particularly the burning pain into the feet). However, these complaints are ongoing and patient has now received numerous lumbar epidural steroid injections for the radicular pain. There is no indication whatsoever that the addition of the Lyrica in the patient's regimen resulted in any functional benefit or reduction in the need for treatment, especially the epidurals, which has clearly been ongoing. While this is an antiepileptic supported by MTUS guidelines for treatment of neuropathic pain, MTUS guidelines do not support ongoing treatment if it does not result in functional benefit, which is not documented here. Therefore, based on the evidence and guidelines, this is not approved.

1 prescription for Norco 10/325mg #90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-75,78-79.

Decision rationale: Norco is one brand name for hydrocodone, an opiate combined with acetaminophen, an analgesic. It comes in a variety of doses. Hydrocodone is a short acting opioid analgesic. Use of this medication has been ongoing and chronic since 2009 . Ongoing management of opiates per MTUS guidelines should include the lowest possible dose to improve pain and function. There should be ongoing monitoring of pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant or nonadherent drug

behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drugtaking behaviors). The report states that the medications allow the patient to maintain a level of function that allows him to be reasonably active around the house and with his family and manages pain so he can get some sleep at night. He takes the prescribed medication in a stable fashion without any evidence of overuse, misuse or abuse. However, there is no documentation that the chronic use of the Norco has resulted in functional benefit such as progress towards returning to regular work or reduction in the need for medical treatment which has been ongoing and has included invasive pain management procedures as noted above.. MTUS guidelines state that opiates should be discontinued when there is no overall improvement in function which is also not documented in the reports. Thus, taking into consideration the evidence and the guidelines the continued use of the Norco is not medically necessary. Note is made that abrupt cessation could be harmful and a plan for a taper and wean would be appropriate.