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| <b>Case Number:</b>   | CM14-0154110 |                              |            |
| <b>Date Assigned:</b> | 09/23/2014   | <b>Date of Injury:</b>       | 04/07/1995 |
| <b>Decision Date:</b> | 11/28/2014   | <b>UR Denial Date:</b>       | 09/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/22/2014 |

### 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 & Rehabilitation 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 injured worker is a 71 year old female with a date of injury on 4/7/1995. She is diagnosed with (a) status post crush injury of both wrists with history of 7 surgeries on the left and six surgeries on the right; (b) reactive depression due to chronic pain, deemed non-industrial; (c) left hip pain due to iliac crest bone graft; (d) status post right knee surgery on non-industrial basis, June 2004; (e) Non-industrial hypothyroidism and hypertension treated by family physician on a non-industrial basis. Per the 4/21/2014 records, the injured worker continued to have pain in her arms. The pain was much better on Norco 10/325 mg. She rated her pain without medications as 9/10 which would go down to 4-6/10 with medications. She reported a little constipation. Objectively, she has a weak grip and decreased range of motion of the thumb. Per the 5/16/2014 records, the injured worker was noted to be with severe progressive post traumatic arthritis involving both extremities involving radial ulnar joints, carpal row and both hands. Her functional capacity was progressively continuing to worsen and her handwriting has worsened. The most recent records provided dated 8/26/2014 document that the injured worker has started to develop numbness and a tingling sensation in the left hand towards the 4th and 5th digits suspected of being entrapped at the elbow. She rated her pain at about an 8/10. The pain does go down to 4-6/10 with medications. Objective findings indicate that she was wearing splints, bilaterally. There is tenderness over the joints of her fingers that she relates to arthritis. She also has weak grip strength and has pain with resisted wrist flexion and extension.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** According to evidence-based guidelines, satisfactory response to opioid medications including significant decrease in pain levels and improvement with functional activities are required for continued use of opioids for pain management. In addition, there should be evidence of a urine drug screening and the injured worker should not show signs of aberrant or drug misuse. In this case, the injured worker consistently reported that her pain was brought down from 8/10 to 4-6/10 with her medications. Two to four levels of pain decrease are considered to be significant. Additionally, the injured worker is noted to be able to continue doing light or simple activities of daily living including house cleaning in spite of the worsening conditions. She also has been able to perform instructed home exercises. She has undergone urine drug screening as per the records dated 7/1/2014 with consistent results. She also does not exhibit any drug-seeking behavior. Criteria for ongoing and continued use of opioids are met. Thus, the medical necessity of the requested Norco is established. The utilization review determination indicated that there is a lack of documentation in the ongoing review of pain relief, functional status, appropriate medication use, and side effects. In addition, there is lack of documentation related to the injured worker's functional deficits. However, records have provided the said lacking information. Therefore, the Norco 10/325mg #120 is medically necessary and appropriate.

**Zoloft 100mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Studies Disease States - Osteoarthritis, Selective Serotonin Reuptake Inhibitors (SSRIs).

**Decision rationale:** Zoloft (sertraline) is an antidepressant that is categorized under selective serotonin reuptake inhibitors. Guidelines indicate that the main role of selective serotonin reuptake inhibitors may be in addressing psychological symptoms associated with chronic pain. In injured workers with osteoarthritis with concurrent depression, improving depression symptoms was found to decrease pain and improve functional status. In this case, the injured worker is noted to be with depression. Records indicate that with her medications, her pain levels are 8/10 and can be brought down to 4-6/10. Two to four levels of pain decrease are considered to be significant. Additionally, the injured worker is noted to be able to continue doing light or simple activities of daily living including house cleaning in spite of the worsening conditions. She also has been able to perform instructed home exercises. With evidence of significant decrease in pain levels, continued functional activities and secondary depression, the medical necessity of the requested Zoloft is established. The utilization determination noted that the

clinical information lacks documentation as to how long the injured worker has been utilizing selective serotonin reuptake inhibitors and the functional and therapeutic benefits related use. However, with evidence of secondary depression and continued functional activities, the Zoloft 100mg #30 is medically necessary and appropriate.

**Lyrica 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica, no generic available) Page(s): 19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 19.

**Decision rationale:** Pregabalin or Lyrica is indicated for the treatment of diabetic neuropathy, postherpetic neuralgia, generalized anxiety disorder, social anxiety, and fibromyalgia. The injured worker does not exhibit any of the aforementioned indications. Therefore, the Lyrica 100mg #60 is not medically necessary and appropriate.