

<b>Case Number:</b>	CM14-0156500		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	10/30/2008
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 claimant had a date of injury of 10/30/2008. She is diagnosed with complex regional pain syndrome and is status post ORIF left radial fracture 10/31/2008. Current complaints are left wrist pain and trouble sleeping, both treated with medications. The requests are for Norco 10/325 #90, Lunesta 2mg #30, Lyrica 75 mg #60 and Vimovo 500/20.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case documents good response of pain to the

medication, improved daily function as a result of medication, urine drug screening has been performed which is consistent with prescribed medication and addresses the efficacy of concomitant medication therapy. Therefore, the record does support medical necessity of ongoing opioid therapy with Norco.

**Lyrica 75mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 16-20.

**Decision rationale:** CA MTUS states that there is insufficient evidence to argue for or against use of antiepileptic drugs in low back pain. Antiepileptic drugs are used first line for neuropathic pain. 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. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. There is no clear trial period but a week is considered to be a reasonable time to assess efficacy. In this case, there is documentation of a prior trial of Lyrica with well documented response of pain and improvement in function to the medication and therefore ongoing use of Lyrica is medically indicated.

**Lunesta 2mg #30:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia

**Decision rationale:** The CA MTUS is silent on the use of Lunesta. ODG addresses insomnia treatments in the section on pain. ODG states that treatment should be based on the etiology of the insomnia. Pharmacologic agents should be used only after a careful investigation for cause of sleep disturbance. Primary insomnia should be treated with pharmacologic agents while secondary insomnia may be treated with pharmacologic and/or psychological measures. It is important to address all four components of sleep - sleep onset, sleep maintenance, sleep quality and next day function. Lunesta is recognized as the only benzodiazepine based sleep aid, which is FDA, approved for use greater than 35 days. In this case, the medical records do address that there is better sleep onset, maintenance and next day function with Lunesta. Therefore, Lunesta is approved as medically necessary.

**Vimovo 500/20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 68.

**Decision rationale:** CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastrointestinal events. In this case, the medical record documents intolerance to NSAID when used without a PPI. However, there was no trial of generic PPI and generic NSAID, which would be expected to provide similar outcomes. Vivomvo is not medically necessary.