

<b>Case Number:</b>	CM14-0020966		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	06/01/1976
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Practice, has a subspecialty in Preventive 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:

The claimant is a 64-year-old female who sustained a work injury on 6/1/76 involving the low back. Her diagnoses included degenerative disc disease, anxiety, generalized abdominal pain, chronic pain syndrome, menopause, fatigue, seizure, pancreatitis, hypertension, and extremity weakness. She had been on chronic opioids for her pain symptoms that ultimately required detoxification in 2003. Since at least July 2013 she has been maintained on Hydrocodone 10/325 mg, 4 times daily along with Lyrica and an antidepressant to control her pain. She had also been on Pantoprazole 40 mg - 2 times daily. A recent letter from her treating physician on 3/11/14 indicated that she continues to have problems with pain. The hydrocodone was inadequate for pain. Naproxen was added for pain control. Protonix (Pantoprazole) was continued for "gastrointestinal (GI) prophylaxis." Lyrica was also continued.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE/APAP 10/325MG, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES- CRITERIA FOR USE ON-GOING MANAGEMENT.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, hydrocodone is not indicated at first line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long term-use has not been supported by any trials. In this case, the claimant has been on hydrocodone for at least several months with no current improvement in pain. In addition, there is a history of addiction and detoxification. The continued use of Norco is not medically necessary.

**LYRICA 50MG, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 99.

**Decision rationale:** According to the MTUS guidelines: Pregabalin (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. Pregabalin was also approved to treat fibromyalgia. See Anti-epilepsy drugs (AEDs) for general guidelines, as well as specific Pregabalin listing for more information and references. In this case, the claimant does not have diabetic neuropathy or post-herpetic neuralgia requiring Lyrica. Based on the guidelines, continued use of Lyrica is not medically necessary.

**PANTOPRAZOLE 40MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PROTON PUMP INHIBITOR (PPI).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

**Decision rationale:** According to the MTUS guidelines, Pantoprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of gastrointestinal (GI) events or anti-platelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs as above is not medically necessary. Therefore, the continued use of Pantoprazole is not medically necessary.