

<b>Case Number:</b>	CM14-0034854		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	09/17/1983
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 58 year old female who reported an injury on 09/17/1983. The mechanism of injury was not reported. Per the 04/08/2014 clinical note, the injured worker reported pain rated at 8/10 without opiates and 4/10 with opiates. Physical exam findings included a well-healed lumbar scar, 40 degrees of lumbar flexion, and 20 degrees of extension with right leg pain. There is 4/5 motor strength in the left extensor hallucis longus and full strength on the right. A lumbar MRI performed 03/03/2005 showed L4-5 and L5-S1 degenerative disc bulges. An x-ray performed 01/24/2006 showed syndesmophytes from right L3-S1. The injured worker's diagnoses included status post 1986, 1989, and 1991 probable L4-5 and L5-S1 laminectomy, severe L4-L5 and L5-S1 degenerative disc disease with probable central and foraminal narrowing contributing to chronic left and bilateral L5 radiculopathy. The request is for Norco 10/325mg, OxyContin 20mg, Lyrica 75mg and 150mg, and Amrix 15mg. The request for authorization form was submitted on 04/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCONTIN 20MG #60:** 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 Page(s): 76-80.

**Decision rationale:** In regards to opioid management, the MTUS Chronic Pain Guidelines state there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The medical records provided for review indicate the injured worker has an ongoing prescription for Oxycontin. The injured worker reported her pain at 8/10 without opiates and 4/10 with them. The provider noted the medication has been well tolerated by the patient for years with no adverse effects. There is a lack of documentation concerning appropriate medication use, functional improvement, and adequate pain assessment. As such, the request is not medically necessary and appropriate.

**NORCO 10/325MG #120:** 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 Page(s): 76-80.

**Decision rationale:** In regards to opioid management, the MTUS Chronic Pain Guidelines state there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The medical records provided for review indicate the injured worker has an ongoing prescription for norco. The injured worker reported her pain at 8/10 without opiates and 4/10 with them. The provider noted the medication has been well tolerated by the patient for years with no adverse effects. There is a lack of documentation concerning appropriate medication use, functional improvement, and adequate pain assessment. As such, the request is not medically necessary and appropriate.

**AMRIX 15MG #60:** 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 Page(s): 41-42.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend Cyclobenzaprine as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The medical records provided for review indicate the injured worker has an ongoing prescription for Cyclobenzaprine. It is unclear the efficacy of the medication. The MTUS Chronic Pain

Guidelines do not support the long-term use of cyclobenzaprine. As such, the request is not medically necessary and appropriate.

**LYRICA 75MG #30:** 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 Page(s): 16-22.

**Decision rationale:** The MTUS Chronic Pain Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Pregabalin 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. The medical records provided indicate an ongoing prescription for Lyrica. The efficacy of the medication is unclear. There is a lack of documentation concerning functional improvement and adequate pain assessment. The medical necessity for Lyrica was not established. As such, the request is not medically necessary and appropriate.

**LYRICA 150MG #30:** 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 Page(s): 16-22.

**Decision rationale:** The MTUS Chronic Pain Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Pregabalin 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. The medical records provided indicate an ongoing prescription for Lyrica. The efficacy of the medication is unclear. There is a lack of documentation concerning functional improvement and adequate pain assessment. The medical necessity for lyrica was not established. As such, the request is not medically necessary and appropriate.