

Case Number:	CM14-0037127		
Date Assigned:	06/25/2014	Date of Injury:	10/01/1997
Decision Date:	08/07/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/27/2014

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 Illinois. 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 64-year-old female who reported an injury on 10/01/1997 with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 02/05/2014 the injured worker was seen for chronic pain medication maintenance regimen. It was annotated that the injured worker continued to have neck pain and back pain. It was noted that the injured worker's pain level status was 2/10 with the worst 6/10, which occurred at brief periods in the morning before the injured worker took her medications. It was noted that after medications, the pain level status came down to 2-3/10. It was noted that with medication the injured worker was able to do self care, housework to a limited extent, and walk and exercise. It was noted that if the injured worker missed a dose of the pain medication of Norco, the pain level went up to 6-7/10 and was not able to function as well. It was also noted that the periods of time when Lyrica had not been filled on a timely basis and had missed doses, the pain level status went up 3 to 4 points on a scale of 10, so it was noted to provide significant benefit. Prior treatments included medications and radiofrequency rhizotomy. The injured worker's prescribed medication regimen included OxyContin 40 mg plus 20 mg taken 3 times a day, Norco 10/325 mg taken 2 tabs twice a day for breakthrough pain, Flexeril for spasms, Lyrica 50 mg twice a day for postoperative nerve pain in the left wrist, Wellbutrin 150 mg 3 times a day, and Colace 250 mg 3 times a day, and ibuprofen. It was noted that the injured worker denied any side effects from the medications. The physical examination of the cervical spine revealed tenderness throughout, most pronounced in the lower cervical spine in the midline. It was also noted the injured worker had tingling dysesthesia with tapping the scar at the base of the right carpometacarpal and complained of pain in the area on a continual basis; however, was aided by the Lyrica. A positive Tinel's over the wrists median nerves was noted. The physical examination of the lumbar spine revealed tenderness paraspinosus over the facets in the lower

lumbar spine. It was noted that light touch sensation was intact in the lower extremities and motor strength was intact in the lower extremities. The diagnoses included cervical degenerative disc disease, cervical radiculopathy to be stable, cervical facet pain, lumbar degenerative disc disease, lumbar facet arthropathy, shoulder discomfort, reactive depression, neuropathic pain, left thumb status post surgical repair at the carpometacarpal joint and carpal tunnel release, headaches, and possible bilateral mild carpal tunnel syndrome. The treatment plan included the continuation of coverage for the chronic pain medication maintenance regimen as noted. The Request for Authorization for Norco 10/325 mg #120 x 2 refills and Lyrica #60 was submitted on 02/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, QTY: 120 with 2 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 OPIOIDS FOR CHRONIC PAIN; OPIOIDS, SPECIFIC DRUG LIST Page(s): 78, 80; 91.

Decision rationale: The California MTUS Guidelines state that opioids for neuropathic pain have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of longterm use. There are virtually no studies of opioids for treatment of chronic lumbar root pain with result of neuropathy. Norco is indicated for moderate to moderately severe pain. The analgesic dose for Norco includes the dose of 5/500 mg is 1 or 2 tablets by mouth every 4 to 6 hours as needed for pain (max 8 tablets per day). For higher doses of hydrocodone (greater than 5 mg per tab) and acetaminophen (greater than 500 mg per tab), the recommended dose is usually 1 tablet every 4 to 6 hours as needed for pain. Hydrocodone has been recommended at a maximum dose of 60 mg for 24 hours. The guidelines also addressed the 4 A's for ongoing monitoring which include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In the clinical notes provided for review, the injured worker is annotated as stating that the prescribed medications help with daily activities; however, there is a lack of documentation of the injured worker not responding to first-line recommendations such as antidepressants and anticonvulsants. It is also annotated that the injured worker has been on the prescription of Norco 10/325mg since 08/2013 of which the guidelines do not recommend for long term use. Furthermore, the guidelines do not recommend opioids for treatment of chronic lumbar root pain with result of neuropathy. Therefore, the request for Norco 10/325 mg quantity: 120 with 2 refills is not medically necessary.

Lyrica, QTY : 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AED) Page(s): 16, 19.

Decision rationale: The request for Lyrica quantity: 60 is non-certified. The California MTUS Guidelines state that anti-epilepsy drugs (AEDs) are recommended for neuropathic pain. However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Lyrica has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia, and has FDA-approval for both indications and is considered first-line treatment for both. This medication is designated as a schedule 5 controlled substance because of its causal relationship with euphoria. In the clinical notes provided for review, it is annotated that the use of Lyrica was first prescribed for postoperative nerve pain in the left wrist of which it was noted she had several years ago. There is also a lack of documentation of the frequency of the requested medication. Furthermore, the guidelines recommend the use of Lyrica for the use of diabetic neuropathy and postherpetic neuralgia of which there is lack of documentation of. Therefore, the request for Lyrica quantity: 60 is not medically necessary.