

<b>Case Number:</b>	CM14-0063422		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/01/2005
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Occupational 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:

This patient is a 44 y/o female who developed persistent low back pain subsequent to a lifting/pulling incident on 6/1/05. She has had a lumbar fusion at L4-5 and has been diagnosed with a post laminectomy syndrome with persistent lower extremity neuropathic pain. She has a spinal cord stimulator in place, but it's effectiveness is not well documented. She has also been treated with epidural injections and facet rhizotomies. She is treated with oral analgesics including Hydrocodone 5mg. up to 5 per day, Lyrica 60mg. BID and Ambien 5mg. for insomnia. There is no evidence of medication misuse and it is documented that she has returned to full duties, is active in a home exercise program and has about a 30% reduction in the pain secondary to the medication use. She was temporarily taken off of the Lyrica due to a rash, but it was subsequently re-introduced without a return of the rash. The treating physician's records are somewhat confusion in that the records have not been completely edited to reflect the full current status of the Lyrica. There is no report of cognitive behavioral therapy for chronic insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**20 Tablets of Ambien 5 mg:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- (Chronic Pain Chapter).

**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 Treatment.

**Decision rationale:** The MTUS Guidelines do not address the issue of the long term use of hypnotic medications for insomnia. ODG Guidelines address this in detail and discourage the regular long term use of hypnotic medications. However, the Guidelines do not recommend abrupt discontinuation when chronic insomnia is present. Guidelines recommend at least 6 weeks of cognitive behavioral therapy (CBT) prior to discontinuation the medications. There is no evidence that this patient has been offered or completed the recommended CBT. Guidelines do not recommend discontinuation under the current circumstances. Therefore, Ambien 5mg. is medically necessary.

**60 Capules of Lyrica 50 mg:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -(Chronic Pain Chapter).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs - Lyrica page(s) 19,20 Page(s): 19, 20.

**Decision rationale:** MTUS Guidelines recommend the use of Lyrica for chronic pain with a significant neuropathic pain component. This patient has post laminectomy syndrome which definition includes a significant component of neuropathic pain. Guidelines support the use of Lyrica under these circumstances. Therefore, Lyrica is medically necessary and reasonable.

**150 Tablets of Norco 10mg/325mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids, page(s) 80 Page(s): 80.

**Decision rationale:** MTUS Guidelines support the use of Opioid medications when there has been significant pain relief and improved function, particularly when evidenced by a return to work. It is documented that this patient has returned to work and there is no evidence of misuse. Under these circumstances the continued use of Hydrocodone (Norco) is supported by Guidelines. The Norco 10/325 #150 tablets is medically necessary.