

<b>Case Number:</b>	CM14-0073147		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/01/2008
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 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:

The patient is a 48-year-old female who has submitted a claim for cervical radiculopathy associated with an industrial injury date of September 1, 2008. Medical records from 2014 were reviewed. The patient complained of severe pain in the cervical area radiating to the left upper extremity. Pain was rated at 8 out of 10. Physical examination revealed severe tenderness in the cervical area. Shoulder impingement signs are present. Decreased sensation was observed at the level of left C6. Treatment to date has included physical therapy, epidural and oral medications. Utilization review from April 25, 2014 modified the request for Norco 5/325mg 1 tab BID to Norco 5/325mg tab BID for 7 days, then discontinued, because there is no evidence that Norco has significantly improved pain and functioning. The same review denied the request for Lyrica 50mg because Lyrica is for diabetic neuropathy, postherpetic neuralgia and fibromyalgia and in this case, not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

**Decision rationale:** According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the records noted that the patient has been prescribed with Norco since at least October 2013. The medical records submitted failed to reflect any significant improvement; continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 5/325MG is not medically necessary.

**Lyrica 50mg:** 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 Pregabalin (Lyrica, No Generic Available) Page(s): 19-20.

**Decision rationale:** According to pages 19-20 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Lyrica has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. In this case, Lyrica was being prescribed since at least October 2013 for neuropathic pain. However, there was no documentation of continued functional benefits with the use of Lyrica. Moreover, the request failed to specify quantity to be dispensed. Therefore, the request for Lyrica 50mg is not medically necessary.