MAXIMUS Federal Services

Case Number:	CM14-0083576		
Date Assigned:	07/21/2014	Date of Injury:	03/09/2012
Decision Date:	08/26/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/05/2014

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 Internal 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 an injured worker with a primary diagnosis of lumbar strain. Date of injury was 03-09-2012. Treating physician report, dated May 1, 2014 documented an orthopedic reexamination appointment. Patient sustained an injury to her back during the course of her employment on March 9, 2012. She was last seen on April 11, 2014, and presents to the office for a preoperative visit in preparation for a bilateral sacroiliac (SI) joint fusion. Past medical history was significant for bradycardia. Past surgical history is significant for back, right wrist and right thumb. Allergies history includes history to adverse reactions to Demerol, which causes bradycardia and codeine. Current medications are Gabapentin, Estrogen, Progesterone, and Tramadol. Physical examination findings included tenderness over the bilateral SI joints to palpation. Patient is alert, oriented, and in no acute distress. She has an antalgic gait. She is able to stand on her toes and heels without difficulty. Lumbar range of motion is approximately 20% in all planes. Lower extremity strength is 5/5 bilaterally except in the extensor hallucis longus muscles, which are +4/5. Sensation is diminished over the dorsomedial aspect of the right foot. Patellar and Achilles reflexes are +2 and equal bilaterally. Diagnoses were lumbosacral strain, status post lumbar fusion at L5-S1 with retained hardware, left-sided foraminal disc bulging at L3-4, degenerative disc disease at Ll-2 and L2-3, bilateral sacroiliitis, degenerative arthritic changes of the bilateral hips, moderate right and minimal left hip joint effusion/synovitis. The treating physician decided that the patient needed to be seen by a hip specialist, before sacroiliac (SI) joint surgery. The treating physician cancelled the SI joint fusion surgery until her hips could be further evaluated. Treatment plan included a consultation with a hip specialist. The patient was given Norco for postoperative pain control. The patient was given Lyrica 75 mg. She will utilize 150 mg at night. Treating physician report dated 04-11-2014 documented no medications. Urine toxicology review dated 04-14-2014 reported negative results. Treating

physician report dated 03-13-2014 documented no medications. Treating physician report dated 02-11-2014 documented no medications. Utilization review decision date was 05-13-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #40 (Rx given): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that long-term use of opioids is not recommended. ACOEM 3rd Edition (2011) states that routine use of opioids for acute, subacute, or chronic hip disorders is not recommended. Treating physician report dated 04-11-2014 documented no medications. Urine toxicology review dated 04-14-2014 reported negative results. Treating physician report dated 03-13-2014 documented no medications. Treating physician report dated 02-11-2014 documented no medications. Treating physician report, dated May 1, 2014 documented the patient's medications were Gabapentin, Estrogen, Progesterone, Tramadol. Treating physician report, dated May 1, 2014 documented that the patient was given Norco for postoperative pain control. However, the surgery was cancelled. Because the surgery was cancelled, there is no need for Norco for postoperative pain control. Patient's medication regimen already included Tramadol, which is an opioid. The medical records do not support the medical necessity of Norco. Therefore, the request for Norco 10/325mg #40 (Rx given) is not medically necessary.

Lyrica 75mg #60 (Rx given): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDS), Pregabalin (Lyrica) Page(s): 16-20, 19-20. Decision based on Non-MTUS Citation FDA Prescribing Information for Lyrica (http://www.drugs.com/pro/lyrica.html).

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs (AEDs) may be used for neuropathic pain. Regarding antiepilepsy drugs (AEDs), there are few randomized controlled trials directed at central pain and none for painful radiculopathy. A 30% reduction in pain with AEDs is clinically important to patients and a lack of response of this magnitude may be the trigger for a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment), or combination therapy if treatment with a single drug agent fails. Pregabalin (Lyrica) has been documented to

be effective in the treatment of diabetic neuropathy and postherpetic neuralgia, and has FDA approval for both indications. The FDA has given approval of pregabalin as treatment for fibromyalgia. The FDA prescribing information documents that Lyrica is indicated for neuropathic pain associated with diabetic peripheral neuropathy, postherpetic neuralgia, partial onset seizures, fibromyalgia, and neuropathic pain associated with spinal cord injury. Treating physician report, dated May 1, 2014 documented the patient's medications were Gabapentin, Estrogen, Progesterone, Tramadol. The patient was given Lyrica 75 mg and was instructed to utilize 150 mg at night. Medical records do not document a lack of response with Gabapentin (Neurontin), which is an antiepilepsy drug (AED). No rationale was given for the addition of Lyrica (Pregabalin), which is also an AED. There was no documentation of diabetic peripheral neuropathy, postherpetic neuralgia, partial onset seizures, fibromyalgia, neuropathic pain associated with spinal cord injury - which are the FDA approved indications for Lyrica. There was no documentation of neuropathic pain. The medical records do not support the medical necessity of Lyrica. Therefore, the request for Lyrica 75mg #60 (Rx given) is not medically necessary.