

<b>Case Number:</b>	CM14-0122142		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/23/1989
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 54 year old male, who sustained an industrial injury on November 23, 1989. The diagnoses have included lumbar degenerative disc disease, failed back surgery syndrome, lumbar radiculopathy, and headache. On March 10, 2014, the injured worker underwent a replacement of an intrathecal pump, which is used for medications including a pain and a muscle relaxant. Treatment to date has included recent MRI, intrathecal pain pump management, home exercise program, moist heat, stretches, urine drug testing, and pain, anticonvulsant, muscle relaxant, antidepressant, hypnotic sedative and non-steroidal anti-inflammatory medications. On June 27, 2014, the treating physician noted continued severe bilateral lumbosacral pain and bilateral lower extremity radicular pain and weakness. The physical exam revealed moderately decreased cervical range of motion, negative Spurling's maneuver, and a negative bilateral Hoffman's sign. There was greater on the right than left paralumbar tenderness, positive left lying and sitting straight leg raise, negative bilateral reverses straight leg raise, normal he/toe walking, and negative Patrick's maneuver and Fabere test. The motor exam revealed an antalgic and weak gait, hypolordotic posture, left lumbar spasm, decreased strength of the bilateral lower extremities, and mildly decreased muscle strength of bilateral lower extremities. There was decreased sensation of the right lumbar 5, right sacral 1, left L2, left lumbar 3, left lumbar 4, left lumbar 5, and left sacral 1. The deep tendon reflexes were decreased at the right knee, and left adductors, knee, and ankle. The injured worker was currently using pain, anticonvulsant, muscle relaxant, antidepressant, hypnotic sedative and non-steroidal anti-inflammatory medications. On July 31, 2014, the injured worker submitted an

application for IMR for review of requests for a prescription for Lyrica 150mg Quantity: 120 with 1 refill; a prescription for Diazepam 10mg Quantity: 120 with 1 refill; Norco 10-325mg Quantity: 240 with 1 refill; and toxicology - urine drug screen. The Lyrica was non-certified or modified based on the lack of medical necessity for additional Lyrica at this time, because 120 Lyrica tablets with one refill were authorized on June 18, 2014. The Diazepam was modified based on the injured worker was already on a hypnotic sedative and two hypnotic sedatives were medically indicated. The Norco was non-certified based on the lack of medical necessity for additional Norco at this time, as the injured worker had reportedly gotten a full prescription of 240 tablets on June 30, 2014. The toxicology - urine drug screen was non-certified based on the lack of discussion of the medical necessity for this test. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines and Non- MTUS Guidelines, and the Official Disability Guidelines (ODG) were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lyrica 150mg #120, Refills: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

**Decision rationale:** The patient is a 54 year old male with a date of injury on 11/23/1989. He had failed back surgery syndrome with lumbar pain and lumbar radiculopathy. He had physical therapy, home exercise program, anticonvulsants, sedatives, muscle relaxants, NSAIDS and opiates. MTUS guidelines note that Lyrica is FDA approved treatment for diabetic neuropathy, post herpetic neuralgia and fibromyalgia. The patient does not have any of these conditions and Lyrica is not medically necessary for this patient.

#### **Diazepam 10mg #120, Refills: 1: 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 Benzodiazepines Page(s): 24.

**Decision rationale:** The patient is a 54 year old male with a date of injury on 11/23/1989. He had failed back surgery syndrome with lumbar pain and lumbar radiculopathy. He had physical therapy, home exercise program, anticonvulsants, sedatives, muscle relaxants, NSAIDS and opiates. Valium is a long acting, highly addicting benzodiazepine. According to MTUS guidelines, benzodiazepines are not recommended. There are other muscle relaxants available that are not controlled substances. Benzodiazepines rapidly cause tolerance and are addicting. Valium is not medically necessary for this patient.

**Norco 10/325mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Washington State Department of Labor and Industries

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management.

**Decision rationale:** The patient is a 54 year old male with a date of injury on 11/23/1989. He had failed back surgery syndrome with lumbar pain and lumbar radiculopathy. He had physical therapy, home exercise program, anticonvulsants, sedatives, muscle relaxants, NSAIDS and opiates. MTUS guidelines for on-going opiate treatment require documented analgesia, improved functionality with respect to ability to do activities of daily living or work, monitoring for adverse effects and monitoring for drug seeking abnormal behavior. The documentation provided for review does not meet this criteria and weaning from Norco is appropriate.

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94,95. Decision based on Non-MTUS Citation Official Disability Guidelines -UDT

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Urine Drug Testing

**Decision rationale:** The patient is a 54 year old male with a date of injury on 11/23/1989. He had failed back surgery syndrome with lumbar pain and lumbar radiculopathy. He had physical therapy, home exercise program, anticonvulsants, sedatives, muscle relaxants, NSAIDS and opiates. The injury was in 1989 and he had multiple surgical procedures. He has been treated with multiple pain medications and urine drug screening and monitoring has not provided any evidence of drug abuse or abnormal drug seeking behavior. Further urine drug testing is not indicated at this time.