

<b>Case Number:</b>	CM14-0191193		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	04/18/2011
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Family Practice 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 52 year old male claimant sustained a work injury on 7/18/11 involving the low back. He was diagnosed with lumbar spine radiculopathy. He had undergone left shoulder hemilaminectomy, foraminotomy and decompression surgery. He had been on Norco, Lyrica and Prilosec since at least February 2014. A progress note on 2/12/14 indicated the claimant had persistent back pain. Exam findings were notable for a positive straight leg raise on the left side. A subsequent request was made for the next three months to continue Norco. A request to continue Lyrica was made in May 2014 and a request was made in July 2014 for Meloxicam. Accompanying medical records to supporting continued use of the above were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective, Hydrocodone/Acetaminophen 10/325mg #300 DOS:5/17/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Norco (Hydrocodone) is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain,

and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco without indication of pain response or tolerance. Long-term use is not indicated for back pain. Failure of Tylenol or NSAIDs was not mentioned. The continued use of Norco is not medically necessary.

**Retrospective, Lyrica 75mg #60 DOS: 5/14/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (Pregabalin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 19.

**Decision rationale:** According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnoses. The claimant had been on Lyrica along with other analgesics. There is no indication for continued use and the Lyrica is not medically necessary.

**Retrospective, Meloxicam 15mg #30 DOS: 7/21/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids Page(s): 67.

**Decision rationale:** According to the MTUS guidelines, NSAIDs are recommended for arthritis and back pain as a 2nd line treatment after failure of Tylenol. In this case, there was no indication of Tylenol failure. The claimant had been on opioids as well. There was no indication of combining the 2 classes of medications. The continued use of Meloxicam is not medically necessary.

**Retrospective, Hydrocodone/Acetaminophen 10/325mg #300 DOS:6/13/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Norco (Hydrocodone) is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco without indication of pain response or

tolerance. Long-term use is not indicated for back pain. Failure of Tylenol or NSAIDs was not mentioned. The continued use of Norco is not medically necessary.

**Retrospective, Hydrocodone/Acetaminophen 10/325mg #300 DOS:7/21/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82-92.

**Decision rationale:** Norco (Hydrocodone) is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco without indication of pain response or tolerance. Long-term use is not indicated for back pain. Failure of Tylenol or NSAIDs was not mentioned. The continued use of Norco is not medically necessary.