

<b>Case Number:</b>	CM14-0201903		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	09/21/1992
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 64-year-old female presenting with a work-related injury on September 21, 1992. On November 3, 2014 the patient reported persistent neck pain and significant bilateral hand pain. According to medical records the patient could not tolerate gabapentin the path Billerica was tolerable. The patient's medications included Norco 10/325 mg number 240, Diovan, carvedilol, Celexa, pantoprazole, Metformin, insulin and Lyrica. The physical exam was significant for tenderness to palpation in the bilateral wrist. A claim was made for multiple medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG #240:** 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): 79.

**Decision rationale:** Norco 10/325mg, #240 is not medically necessary. MTUS guidelines states that weaning of opioids are "recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing." The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.

**Lyrica 50 MG #60:** Upheld

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

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

**Decision rationale:** Lyrica 50mg #60 is not medically necessary. Per Ca MTUS, Pregabalin has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Lyrica is also FDA approved for fibromyalgia. The claimant was not diagnosed with diabetic neuropathy or postherpetic neuralgia as well as Fibromyalgia. Additionally, there is lack of documentation of follow-up assessment with positive response and improved function on this medication; therefore, the request is not medically necessary.