

<b>Case Number:</b>	CM15-0006529		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	08/29/2005
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53-year-old female who reported an injury on 08/29/2005. The mechanism of injury was unspecified. Her diagnoses include shoulder pain and extremity pain. Past treatments included medications, surgery, and postoperative physical therapy. On 01/07/2015, the injured worker complained of right shoulder pain rated 4/10 with medications and 9/10 without medications. The injured worker also indicated that the medications were working well with no side effects. The documentation also indicated that the injured worker is unable to take NSAIDs due to reduced stomach size secondary to surgery. Her current medications include Lyrica 100 mg, Fioricet 50/325 mg, Norco 10/325 mg, Nexium 20 mg, and Soma 350 mg. The treatment plan included Norco 10/325mg #210, Lyrica 100mg #120, Fioricet 50-325-40mg #30. A rationale was not provided. A Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #210:** Upheld

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

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

**Decision rationale:** The request for Norco 10/325mg #210 is not medically necessary. According to the California MTUS Guidelines, patients on opioid regimens require ongoing monitoring and documentation in regard to pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant or nonadherent drug related behaviors. There was lack of documentation in regard to an objective functional improvement, objective decrease in pain, evidence of monitoring for side effects and a current urine drug screen for review. In the absence of the above, the request is not supported by the evidence based guidelines. A weaning schedule would be indicated for patients on opioid regimens. As such, the request is not medically necessary.

**Lyrica 100mg #120:** 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) Page(s): 16-22.

**Decision rationale:** The request for Lyrica 100mg #120 is not medically necessary. According to the California MTUS Guidelines, antiepilepsy drugs are recommended for neuropathic pain, directed at postherpetic neuralgia and painful Polyneuropathy. There should also be a good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. The injured worker was indicated to have been on Lyrica for an unspecified duration of time. However, there was a lack of documentation to indicate the injured worker had diabetic neuropathy or postherpetic neuralgia. There was also a lack of documentation in regard to outcome response from the use of antiepileptic drugs of 30% to 50% reduction in pain, objective functional improvement and monitoring for side effects from medication use. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Fioricet 50-325-40mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

**Decision rationale:** The request for Fioricet 50-325-40mg #30 is not medically necessary. According to the California MTUS Guidelines, barbiturate-containing analgesic agents, are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate

constituents. The injured worker was indicated to have been on Fioricet for an unspecified duration of time. However, the guidelines do not recommend the use for chronic pain due to the potential for drug dependence and lack of evidence showing clinical efficacy. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.