

<b>Case Number:</b>	CM15-0105451		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	12/01/2001
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 52-year-old who has filed a claim for chronic neck and wrist pain reportedly associated with an industrial injury of December 1, 2001. In a Utilization Review report dated May 19, 2015, the claims administrator failed to approve requests for Lyrica, morphine, and Flexeril. The claims administrator referenced a RFA form received on May 12, 2015 in its determination. The applicant's attorney subsequently appealed. On May 12, 2015, the applicant reported 7/10 pain complaints without medications versus 3/10 pain with medications. The applicant's activities levels were, however, unchanged, it was acknowledged. The applicant is on Senna, Naprosyn, Flexeril, morphine, Nuvigil, Levoxyl, Pepcid, and Elavil, it was reported. The applicant did have comorbid diabetes, it was acknowledged. The attending provider referenced earlier drug testing of December 3, 2009 which was reportedly positive for a marijuana metabolite. The applicant was asked to continue MS Contin, Flexeril, Lyrica, stated towards the bottom of the report. The note was quite difficult to follow as it mingled historical issues with current issues. The attending provider stated that the applicant's ability to perform some household tasks such as self-care, personal hygiene, and laundry have been ameliorated as a result of medication consumption. This was not elaborated nor expounded upon, however. Smoking cessation was endorsed. The attending provider's progress note was quite difficult to follow but did suggest, in parts, that the request for Lyrica represented a first-time request for the same. On March 17, 2015, the attending provider renewed prescription for MS Contin, Flexeril, and morphine, and again asked the applicant to try to cease smoking. There was no mention that the applicant was using Lyrica at this point in time.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **90 Lyrica 75 MG with 1 Refill: Overturned**

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

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

**Decision rationale:** Yes, the request for Lyrica, an anticonvulsant adjuvant medication, was medically necessary, medically appropriate, and indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, pregabalin or Lyrica is FDA approved in the treatment of diabetic neuropathic pain and/or pain associated with postherpetic neuralgia and, by analogy, can be employed in the treatment of neuropathic pain conditions in general. Here, the applicant did report issues with burning, tingling, throbbing pain about the bilateral upper extremities on May 12, 2015, it was reported above. This was attributed to cervical radiculopathy versus median neuropathy versus ulnar neuropathy, it was suggested above. The request was framed as a first-time request for Lyrica per progress note of May 12, 2015. The applicant was not using Lyrica on earlier note dated March 17, 2015. Introduction of Lyrica was, thus, indicated on or around the date in question. Therefore, the request was medically necessary.

### **60 MS Contin 15 MG with 1 Refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 6) When to Discontinue Opioids Page(s): 79.

**Decision rationale:** Unlike the request for Lyrica, the request for MS Contin represented a renewal or extension request. However, page 79 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that "immediate discontinuation" of opioid has been suggested for applicants who are concurrently using illicit drugs. Here, the applicant was concurrently using marijuana, it was suggested above. Earlier 2009 drug testing was positive for marijuana. The attending provider did not seemingly react to the results of the positive drug test. The attending provider did not clearly establish a compelling case for continuation of MS Contin in the face of the applicant's concurrently using marijuana, an illicit substance. Therefore, the request was not medically necessary.

### **30 MS Contin CR 30 MG with 1 Refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the second request for MS Contin was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not explicitly detailed on progress notes of May 12, 2015 and/or March 17, 2015, referenced above. It did not appear that the applicant was working, however, on those dates. While the attending provider did recount some reported reduction in pains scores effected as a result of ongoing medication consumption, these reports were, however, outweighed by the attending provider's failure to outline the applicant's work status and the attending provider's failure to outline meaningful or material improvements in function (if any) achieved as a result of ongoing opioid usage. The attending provider's commentary to the effect that the applicant's ability to perform self-care, personal hygiene, do laundry, etc., as a result of ongoing medication consumption did not constitute evidence of a meaningful or substantive improvement in function effected as a result of ongoing MS Contin usage. Therefore, the request was not medically necessary.

**30 Flexeril 10 MG with 1 Refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating Muscle Relaxant.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** Finally, the request for Flexeril (cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including MS Contin, Lyrica, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It was further noted that the 30-tablet, one-refill supply of cyclobenzaprine (Flexeril) at issue represents treatment in excess of the "short course therapy" for which cyclobenzaprine is recommended, page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.