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| <b>Case Number:</b>   | CM15-0137084 |                              |            |
| <b>Date Assigned:</b> | 07/27/2015   | <b>Date of Injury:</b>       | 07/22/2005 |
| <b>Decision Date:</b> | 09/02/2015   | <b>UR Denial Date:</b>       | 06/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/15/2015 |

### 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 pain with derivative complaints of posttraumatic headaches and depression reportedly associated with an industrial injury of July 22, 2005. In a Utilization Review report dated June 17, 2015, the claims administrator failed to approve a request for Lyrica and Tylenol with Codeine. Paxil, conversely, was approved. The claims administrator referenced a June 10, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On June 10, 2015, the applicant reported ongoing complaints of neck pain, posttraumatic headaches, cervical radiculopathy, torticollis, and bilateral carpal tunnel syndrome status post carpal tunnel release procedures. The applicant had alleged issues with loss of consciousness at various points in time, it was reported. The applicant was off of work, and had not worked since 2012, it was reported. The applicant was receiving Social Security Disability Insurance (SSDI), it was acknowledged, in addition to workers compensation indemnity benefits. The applicant's medications reportedly include Tylenol with Codeine, calcium, Motrin, and vitamin D, it was reported. The attending provider suggested that the applicant was not necessarily well-informed regarding her own medication list. The applicant was placed off of work, on total temporary disability. The applicant was described as 100% disabled because of issues with pain and mood disorder, it was reported. EEG testing was ordered to rule out seizures. Botox injections were sought. Lyrica was endorsed for pain complaints while Paxil was endorsed for depression. The attending provider suggested that the applicant had been off of Lyrica for some time, making the request for Lyrica, in effect, a renewal or extension request. The attending provider again speculated the applicant

was having issues with depression and/or superimposed seizures. Little-to-no discussion of medication efficacy transpired insofar as Tylenol No. 3 or Motrin were concerned.

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

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

#### **Lyrica 50mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), Pregabalin (Lyrica) Page(s): 19-20.

**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 a first-line treatment for pain-associated diabetic neuropathy and/or posttraumatic neuralgia and, by analogy, is also a first-line treatment for neuropathic pain, as was/is present here in the form of the applicant's ongoing upper extremity paresthesias should be due to a combination carpal tunnel syndrome and cervical radiculopathy. The request was framed as a first-time request for Lyrica, initiated on or around June 10, 2015. Introduction of the same was indicated, given the applicant's persistent radicular and/or neuropathic pain complaints. Therefore, the request was medically necessary.

#### **Tylenol-Codeine No. 3 #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Codeine; Opioids, criteria for use, On-going Management; Weaning of Medications Page(s): 76-80, 92, 124.

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

**Decision rationale:** Conversely, the request for Tylenol No. 3, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. Unlike the request for Lyrica, the request for Tylenol No. 3 did in fact represent a renewal or extension request, the treating provider acknowledged on June 10, 2015. 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 was off of work, it was reported on June 10, 2015. The applicant was described as 100% disabled it was reported on that date. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of the ongoing Tylenol No. 3 usage. Therefore, the request was not medically necessary.

