

<b>Case Number:</b>	CM15-0137491		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	02/15/2008
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/11/2015
<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 43-year-old who has filed a claim for chronic wrist, hand, and elbow pain with derivative complaints of anxiety reportedly associated with an industrial injury of February 15, 2008. In a Utilization Review report dated April 30, 2015, the claims administrator failed to approve a request for buprenorphine and Lyrica. The claims administrator referenced an office visit dated April 30, 2015 in its determination. The applicant's attorney subsequently appealed. In a July 14, 2015 appeal letter, the attending provider appealed previously denied buprenorphine. The attending provider noted that the applicant had undergone an elbow arthroscopy procedure, a radial tunnel release, a carpal tunnel release procedure, and a tennis elbow debridement procedure without any improvement. The applicant had also attended a functional restoration program, again seemingly without relief. The attending provider stated that the applicant was using buprenorphine for chronic pain purposes as opposed to for opioid addiction or dependence purposes. The attending provider stated that buprenorphine was proving beneficial in terms of attenuating the applicant's pain complaints. The attending provider suggested that the applicant continue the same. The attending provider did not explicitly state whether the applicant was or was not working. On April 30, 2015, the applicant reported ongoing complaints of upper extremity pain, paresthesias, and weakness. The applicant had difficulty with grasping tasks, it was reported. Buprenorphine and Lyrica were renewed. The applicant was also using Zolof, glucosamine, diclofenac cream, a ketamine cream, and Protonix. Permanent 10-pound lifting limitation was renewed. It did not appear that the applicant was working with said limitation in place, although this did not appear to be explicitly stated. The

attending provider then stated toward the bottom of the report that the applicant's pain complaints were heightened of late. The attending provider stated that buprenorphine was being employed owing to the applicant's having tried Vicodin and Tylenol without benefit. In an April 30, 2015 progress note, the applicant acknowledged that gripping, grasping, and lifting activities remained problematic, despite ongoing use of Lyrica and buprenorphine. The applicant was given diagnoses of radial tunnel syndrome and carpal tunnel syndrome.

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

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

#### **Buprenorphine 0.25 SL Troches #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine; 7) When to Continue Opioids Page(s): 26; 80.

**Decision rationale:** No, the request for buprenorphine was not medically necessary, medically appropriate, or indicated here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that buprenorphine is recommended in the treatment of opioid addiction and can be employed as an option for chronic pain in applicants who have previously detoxified off of other opioids who have a history of opioid addiction, here, however, there was no mention of the applicant's having issues with opioid addiction or opioid dependence for which buprenorphine would have been indicated. There was no mention of the applicant's having previously been detoxified off of other opioids prior to introduction, selection, and/or ongoing usage of buprenorphine. The applicant, furthermore, seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy with buprenorphine, an opioid agonist-antagonist, which include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, multiple progress notes, referenced above, failed to clearly state whether the applicant was or was not working with a rather proscriptive 10-pound lifting limitation in place, although this did not appear to be the case. The attending provider's subjective reports of analgesia reportedly effected as a result of ongoing medication consumption were outweighed by the applicant's seeming failure to return to work and continued difficulty performing activities of daily living as basic as gripping, grasping, and lifting, despite ongoing buprenorphine usage. Therefore, the request was not medically necessary.

#### **Lyrica 50mg #30 with 3 Refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16, 19 to 20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica); Functional Restoration Approach to Chronic Pain Management Page(s): 99; 7.

**Decision rationale:** Similarly, the request for Lyrica, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is FDA approved in the treatment of diabetic neuropathy and postherpetic neuralgia and, by implication, neuropathic pain complaints in general, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, ongoing usage of Lyrica did not appear to have proven particularly effective. The applicant continued report difficulty performing activities of daily living as basic as gripping, grasping, or lifting. The same, unchanged, 10-pound lifting limitation was renewed from visit to visit. It did not appear that the applicant was working with said lifting limitation in place. Ongoing usage of Lyrica failed to curtail the applicant's dependence on opioid agents such as buprenorphine or topical agents such as a ketamine-containing cream and a diclofenac-containing cream also reportedly being employed here. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Lyrica. Therefore, the request was not medically necessary.

**Lyrica 100mg #30 with 3 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs) Page(s): 16, 19 to 20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica); Functional Restoration Approach to Chronic Pain Management Page(s): 99; 7.

**Decision rationale:** Similarly, the request for Lyrica, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is FDA approved in the treatment of diabetic neuropathy and postherpetic neuralgia and, by implication, neuropathic pain complaints in general, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, ongoing usage of Lyrica did not appear to have proven particularly effective. The applicant continued report difficulty performing activities of daily living as basic as gripping, grasping, or lifting. The same, unchanged, 10-pound lifting limitation was renewed from visit to visit. It did not appear that the applicant was working with said lifting limitation in place. Ongoing usage of Lyrica failed to curtail the applicant's dependence on opioid agents such as buprenorphine or topical agents such as a ketamine-containing cream and a diclofenac-containing cream also reportedly being employed here. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Lyrica. Therefore, the request was not medically necessary.