

<b>Case Number:</b>	CM15-0138075		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	07/14/2003
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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

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 60 year old female who sustained an industrial injury on 07/14/2003. She reported numbness, tingling and pain in both forearms, hands and fingers. She was diagnosed with tenosynovitis in both long fingers and possible bilateral carpal tunnel syndrome. Treatment to date has included surgeries, cortisone injections and medications. According to a progress report dated 06/29/2015, the injured worker was seen for bilateral hand pain and bilateral hand numbness and tingling. She reported intractable hand pain and triggering of the right index finger and left ring finger. Activity level had been modified and she continued to use pain medications. Quality of pain was described as sharp and stabbing. Pain was constant. Severity of symptoms was described as severe with profound limitations. Associated symptoms included waking up at night, weakness and numbness. The provider noted that her condition was not showing improvement. Medications were creating dyspepsia. She was told to decrease the use, take with food and was provided with Prilosec for the symptoms. Prilosec helped to relieve her stomach pain. Impact of symptoms was affecting hand function and activities of daily living. Diagnostic impression included peripheral neuropathy carpal tunnel syndrome, status post bilateral carpal tunnel release, De Quervain's, status post bilateral first dorsal compartment releases bilateral, trigger finger status post surgery and peripheral neuropathy mononeuritis multiplex bilateral. The treatment plan included continuation of Anaprox-DS tablet 550 mg 1 tab orally twice per day 30 days #60 with no refills and Prilosec 20 mg 1 cap orally twice per day 30 days #60 with no refills and refill Lyrica 100 mg 1 cap orally three times per day 30 days #90 with 2 refills, Vicodin 300 mg-5 mg 1 tab orally twice per day 30 days with no refills and Ultracet 325 mg-37.5 mg 1 tab orally twice per day 30 days #60 with no refills. Ultracet was

dispensed from the office. The provider noted that work status was per qualified medical examiner. She was to return in 4 weeks for a follow up. Currently under review is the request for Lyrica 50 mg #90 and Vicodin 5/300 mg #30. Documentation shows long term use of Lyrica dating back to 01/12/2015. Vicodin 5/300 mg was started on 06/15/2015.

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

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

#### **Lyrica 50 mg #90: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 16.

**Decision rationale:** The patient presents on 06/29/15 with intractable bilateral hand pain and associated numbness and tingling in the affected extremities. The patient's date of injury is 07/14/03. Patient is status post bilateral carpal tunnel release, bilateral first dorsal compartment release, status post multiple bilateral trigger finger releases. The request is for Lyrica 50MG #90. The RFA is dated 07/01/15. Progress note dated 06/29/15 does not include any physician examination findings. The patient is currently prescribed Anaprox, Prilosec, Lyrica, Vicodin, and Ultracet. Patient's current work status is deferred to QME, which recommends the patient return to work with activity restrictions at an unspecified time. MTUS Guidelines, under Lyrica, page 16 states: Pregabalin (Lyrica) 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. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. This medication also has an anti anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In regard to the continuation of Lyrica, the request is appropriate. This patient presents with chronic neurological pain secondary to significant surgical history in the bilateral upper extremities. Progress note dated 06/29/15 notes that this patient experiences some relief in her pain symptoms attributed specifically to Lyrica. Given the conservative nature of this medication and the documentation provided of prior efficacy, continuation is substantiated. The request is medically necessary.

#### **Vicodin 5/300 mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria For Use Of Opioids Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The patient presents on 06/29/15 with intractable bilateral hand pain and associated numbness and tingling in the affected extremities. The patient's date of injury is 07/14/03. Patient is status post bilateral carpal tunnel release, bilateral first dorsal compartment release, status post multiple bilateral trigger finger releases. The request is for Vicodin 5/300MG #30. The RFA is dated 07/01/15. Progress note dated 06/29/15 does not include any physician examination findings. The patient is currently prescribed Anaprox, Prilosec, Lyrica, Vicodin, and Ultracet. Patient's current work status is deferred to QME, which recommends the patient return to work with activity restrictions at an unspecified time. MTUS Guidelines Criteria For Use of Opioids (Long-Term Users of Opioids) section, pages 88 and 89 states: Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the continuation of Vicodin for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue its use. Progress note date 06/29/15 has the following regarding the efficacy of this medication: "The hydrocodone is helpful." Such vague documentation does not satisfy MTUS guidelines, which require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. Several consistent urine toxicology reports were provided for review. However, the provider does not provide any documentation of analgesia via a validated scale, any activity-specific functional improvements, and does not specifically note a lack of aberrant behaviors. Without such documentation, continuation of this medication cannot be substantiated. Owing to a lack of complete 4A's documentation, the request is not medically necessary.