

<b>Case Number:</b>	CM15-0142635		
<b>Date Assigned:</b>	08/14/2015	<b>Date of Injury:</b>	02/07/2005
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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, Florida, 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 injured worker is a 63 year old female who sustained an industrial injury on 02/07/2005. Current diagnoses include de Quervain's tenosynovitis, tenosynovitis of hand and wrist, acquired trigger finger, and finger injury not otherwise specified. Previous treatments included medications. Previous diagnostic studies included toxicology screening. Report dated 03-02-2015 noted that the injured worker presented with complaints that included bilateral hand, wrist, and elbow pain with associated numbness and tingling. Pain level was 8 out of 10 on a visual analog scale (VAS). Current medications include Norco and Lyrica. Physical examination was positive for trigger points in the upper trapezius on the right, ganglion cyst in the right wrist, pain with limited grip bilateral digits 2-5, decreased left and right elbow strength, paresthesias to light touch in digits 1-3, and Tinel's sign is positive bilaterally. The treatment plan included requests for cervical neck pillow, prescription for Lyrica and Norco, and follow up in 4 weeks. The physician increased the dose of Lyrica from 150 mg to 200 mg. The injured worker has been prescribed Lyrica and Norco since at least 12-15-2014. Work status was documented as medically disabled. Of note there were no recent medical records submitted for review. Disputed treatments include Lyrica and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 200mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page(s): 16 of 127.

**Decision rationale:** This claimant was injured 10 years ago in 2005. Diagnoses included De Quervain's tenosynovitis, tenosynovitis of the hand and wrist, acquired trigger finger and finger injury not otherwise specified. The patient has been on Lyrica since 2014. No recent medical records were available documenting objective, functional improvement out of the regimen. The MTUS notes that medicines like Lyrica are recommended for neuropathic pain (pain due to nerve damage. (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen- Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007). The MTUS further notes that most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). I did not see that this claimant had these conditions for which the medicine is effective. The request was appropriately non-certified under MTUS criteria and therefore is not medically necessary.

**Norco 10/325mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 Page(s): 79, 80 and 88 of 127.

**Decision rationale:** As shared earlier, this claimant was injured 10 years ago in 2005. Diagnoses included De Quervain's tenosynovitis, tenosynovitis of the hand and wrist, acquired trigger finger and finger injury not otherwise specified. No recent medical records were available documenting objective, functional improvement out of the regimen. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids; (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not certified per MTUS guideline review and therefore is not medically necessary.