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| <b>Case Number:</b>   | CM15-0164045 |                              |            |
| <b>Date Assigned:</b> | 09/09/2015   | <b>Date of Injury:</b>       | 03/17/2015 |
| <b>Decision Date:</b> | 10/09/2015   | <b>UR Denial Date:</b>       | 07/28/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/21/2015 |

### 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, California

Certification(s)/Specialty: Family Practice

### 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 33 year old male with an industrial injury dated 03-17-2015. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, low back pain, sciatica, lumbar-thoracic radiculopathy, post laminectomy syndrome of lumbar, fasciitis and spinal enthesopathy. Treatment consisted of MRI of lumbar spine dated 03-31-2015 that revealed post surgical changes and disc protusions and foraminal narrowing, X-ray of lumbar spine dated 06-25-2015 that revealed post surgical changes, urine drug screen, physical therapy, transcutaneous electrical nerve stimulation (TENS), lumbar surgical procedure discectomy on 6-8-2015 and 12/23/13, prescribed medications, and periodic follow up visits. Medical records (7-8-2015) indicate persistent lower back pain with radiation into the left lower extremity. The injured worker rated pain a 7 out of 10 at best and a 10 out of 10 at worse. Records also indicate difficulty with activities of daily living. Objective findings (7-8-2015) revealed lumbar spinal tenderness, lumbar paraspinal tenderness, lumbar facet tenderness at L4-S1, and positive lumbar facet loading maneuvers. Dullness to pinprick in the posterolateral thigh and leg (L5 and S1 dermatome), weakness in the left heel, toe walk and left EHL (extensor hallucis longus), decreased left Achilles and positive straight leg raises on left were also noted on exam. The treating physician reported that the injured worker has failed multiple conservative therapies including physical therapy, NSAID, TENS and various medication trials for greater than 6 months without benefit. Records indicated that the injured worker had a low score for opioid abuse and moderate score for depression. The treatment plan consisted of medication management, core muscle training, low impact activities and authorization of lumbar

epidural steroid injection (ESI). Records indicated that the injured worker has been taking Lyrica at least since 4-22-2015. The treating physician prescribed Naproxen 500mg BID #60 and Lyrica 50mg TID #90 now under review. Utilization Review determination on 07-28-2015, noncertified the request for Naproxen 500mg BID #60 and Lyrica 50mg TID #90. The medication list include Percocet, Metaxalone, Trazodone, and Cyclobenzaprine, Gabapentin, Naproxen, Lyrica and Norco. The patient has had UDS on 7/8/15 that was negative for opioid and positive for THC. The patient had received an unspecified number of PT visits for this injury

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

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

#### **Naproxen 500mg BID #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**Decision rationale:** Naproxen belongs to a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)." Patient is having chronic pain and is taking Naproxen for this injury. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, low back pain, sciatica, lumbar-thoracic radiculopathy, post laminectomy syndrome of lumbar, fasciitis and spinal enthesopathy. Treatment consisted of MRI of lumbar spine dated 03-31-2015 that revealed post-surgical changes and disc protusions and foraminal narrowing, X-ray of lumbar spine dated 06-25-2015 that revealed post-surgical changes, urine drug screen, physical therapy, transcutaneous electrical nerve stimulation (TENS), lumbar surgical procedure discectomy on 6-8-2015 and 12/23/13, prescribed medications, and periodic follow up visits. Medical records (7-8-2015) indicate persistent lower back pain with radiation into the left lower extremity. The injured worker rated pain a 7 out of 10 at best and a 10 out of 10 at worse. Records also indicate difficulty with activities of daily living. Objective findings (7-8-2015) revealed lumbar spinal tenderness, lumbar paraspinal tenderness, lumbar facet tenderness at L4-S1, and positive lumbar facet loading maneuvers. Dullness to pinprick in the posterolateral thigh and leg (L5 and S1 dermatome), weakness in the left heel, toe walk and left EHL (extensor hallucis longus), decreased left Achilles and positive straight leg raises on left were also noted on exam. The patient has conditions that cause chronic pain and the patient has significant abnormal objective findings. NSAIDs like naproxen are first line treatments to reduce pain. Naproxen 500mg BID #60 use is deemed medically appropriate and necessary in this patient.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** Lyrica is an antiepilepsy medication. According to MTUS chronic pain guidelines, regarding antiepileptics, "Recommended for neuropathic pain (pain due to nerve damage)." Regarding Lyrica/Pregabalin, "Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia." A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, low back pain, sciatica, lumbar-thoracic radiculopathy, post laminectomy syndrome of lumbar, fasciitis and spinal enthesopathy. Treatment consisted of MRI of lumbar spine dated 03-31-2015 that revealed post-surgical changes and disc protrusions and foraminal narrowing, X-ray of lumbar spine dated 06-25-2015 that revealed post-surgical changes, urine drug screen, physical therapy, transcutaneous electrical nerve stimulation (TENS), lumbar surgical procedure discectomy on 6-8-2015 and 12/23/13, prescribed medications, and periodic follow up visits. Medical records (7-8-2015) indicate persistent lower back pain with radiation into the left lower extremity. The injured worker rated pain a 7 out of 10 at best and a 10 out of 10 at worse. Records also indicate difficulty with activities of daily living. Objective findings (7-8-2015) revealed dullness to pinprick in the posterolateral thigh and leg (L5 and S1 dermatome), weakness in the left heel, toe walk and left EHL (extensor hallucis longus), decreased left Achilles and positive straight leg raises on left were also noted on exam. The patient therefore has chronic myofascial pain along with neurological involvement. It is deemed that Lyrica 50mg TID #90 is medically appropriate and necessary in this patient.