

<b>Case Number:</b>	CM15-0187487		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	12/28/2001
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: Emergency 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 53 year old female, who sustained an industrial injury on 12-28-2001. Medical records indicate the worker is undergoing treatment for low back pain, shoulder pain and reflex sympathetic dystrophy of the upper right limb. A recent progress report dated 9-4-2015, reported the injured worker complained of status post shoulder surgery pain rated 4 out of 10 with medications and 10 out of 10 without medications. Physical examination revealed cervical and lumbar pain restricted range of motion, thoracic spasm and tenderness and left shoulder limited abduction due to pain. Treatment to date has included Norco since at least 5-17-2013, Oxycodone since at least 5-17-2013 and Lyrica since at least 5-17-2013. On 9-8-2015, the Request for Authorization requested Norco 10-325 #180 with 1 refill, Oxycodone 15mg #60 with 1 refill and Lyrica 100mg #90 with 1 refill. On 9-15-2015, the Utilization Review modified the request for Norco 10-325 #180 with 1 refill to no refills, Oxycodone 15mg #60 with 1 refill to no refills and noncertified the request for Lyrica 100mg #90 with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg Qty 180 with 1 refill: Upheld**

**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): Opioids for chronic pain.

**Decision rationale:** The requested Norco 10/325 mg Qty 180 with 1 refill, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker complained of status post shoulder surgery pain rated 4 out of 10 with medications and 10 out of 10 without medications. Physical examination revealed cervical and lumbar pain restricted range of motion, thoracic spasm and tenderness and left shoulder limited abduction due to pain. Treatment to date has included Norco since at least 5-17-2013, Oxycodone since at least 5-17-2013 and Lyrica since at least 5-17-2013. The treating physician has not documented objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325 mg Qty 180 with 1 refill is not medically necessary.

**Oxycodone 15 mg Qty 60 with 1 refill:** Upheld

**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): Opioids for chronic pain.

**Decision rationale:** The requested Oxycodone 15 mg Qty 60 with 1 refill, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker complained of status post shoulder surgery pain rated 4 out of 10 with medications and 10 out of 10 without medications. Physical examination revealed cervical and lumbar pain restricted range of motion, thoracic spasm and tenderness and left shoulder limited abduction due to pain. Treatment to date has included Norco since at least 5-17-2013, Oxycodone since at least 5-17-2013 and Lyrica since at least 5-17-2013. The treating physician has not documented objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Oxycodone 15 mg Qty 60 with 1 refill is not medically necessary.

**Lyrica 100 mg Qty 90 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Pregabalin (Lyrica).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica).

**Decision rationale:** The requested Lyrica 100 mg Qty 90 with 1 refill, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pregabalin, Page 99, recommend this medication for the treatment of "neuropathy and postherpetic neuralgia." The injured worker complained of status post shoulder surgery pain rated 4 out of 10 with medications and 10 out of 10 without medications. Physical examination revealed cervical and lumbar pain restricted range of motion, thoracic spasm and tenderness and left shoulder limited abduction due to pain. Treatment to date has included Norco since at least 5-17-2013, Oxycodone since at least 5-17-2013 and Lyrica since at least 5-17-2013. The treating physician has not documented current neuropathic pain, nor derived functional benefit from its previous use. The criteria noted above not having been met, Lyrica 100 mg Qty 90 with 1 refill is not medically necessary.