

<b>Case Number:</b>	CM15-0189558		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	03/04/2000
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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:

This is a 74 year old female patient who sustained an industrial injury on 03-04-2000. She sustained the injury due to slipping and falling on a rug at work. The diagnoses include chronic pain syndrome, cervical spondylosis without myelopathy, post laminectomy syndrome of the cervical region, lumbosacral spondylosis without myelopathy, other coccyx disorder, disorder of the sacrum, degeneration of the lumbosacral intervertebral disc, obesity, chronic kidney disease stage IV and osteoarthritis of the hand, ankle and foot. Per the doctor's note dated 08-19-2015 she had complaint of bilateral lower back pain, lower back stiffness and restless leg syndrome. The patient had complains of increasing bilateral lower back pain right side worse than left. Pain level was currently a 9 on a scale of 0-10 on a pain scale. She reported back stiffness and also bilateral neck pain. The Norco that she takes (up to 2 tablets daily as needed for pain) is reported to give only 10% pain relief. She denied ill side effects from the Norco. Her worst pain score was a 9-10 on a scale of 0-10, the least pain score a 6, her usual pain score an 8. In this visit, her pain was worse, her sleep pattern was worse, her functionality was worse, but her medication usage is the same. The physical examination revealed diminished remote memory, facet tenderness, positive facet loading test, painful and restricted lumbar spine extension and antalgic gait. The medications list includes norco, lyrica, donepexil, levothyroxine, metoprolol, amlodipine and vesicare. She has undergone 2 x cervical fusion and laminectomy in 2008 and 2009; right knee surgery in 2008; coronary artery bypass in 2002; appendectomy for ruptured appendix in 1998, cancer removed from perineum in 1985, bladder suspension anterior and posterior repair in 2011 and cholecystectomy on 5/7/2014. She has had regular urine drug screen, last on 4/22/15 with consistent findings. She has a history of multiple procedures

including right radiofrequency procedure at L3, L4, and L5, left and right medial branch blocks at L3, L4, and L5 on several occasions with relief ranging from "minimal benefits" to "good relief". Her last procedure was 05-2013. Her most recent diagnostic studies on 11-20-2014 included cervical spine x-rays which were reported to show moderate degenerative disc disease at C5-6, C6-7, and ACDF (anterior cervical discectomy and fusion) of C 5-6 and C4-5. She has had treatments that have included surgery, TENS units, chiropractic care, physical therapy, interventional pain management procedures and psychotherapy without improvement. The patient has a signed narcotic agreement dated 01-20-2008 that shows her to be a moderate risk. There is a failed urine drug screen dated 02-11-2015, documentation of a refusal to give a urine toxicology specimen, and not bringing medications for a count on three occasions since 08-12-2013. A request for authorization was submitted for Norco 10/325mg #60 with 1 refill, and Lyrica 75mg #30 with 1 refill. A utilization review decision 08-27-2015 modified the Norco to #20 with no refill, and the Lyrica 75 mg to #10 with no refill.

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

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

**Norco 10/325mg #60 with 1 refill:** 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): Opioids, criteria for use, Opioids (Classification).

**Decision rationale:** Norco 10/325mg #60 with 1 refill. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines Short-acting opioids: also known as normal-release or immediate-release opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Per the records provided patient had chronic low back and neck pain with history of chronic kidney disease stage IV. So she would be unable to take NSAIDS. The patient has history of multiple surgeries including two cervical spine fusion surgeries. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. Patient has also tried non-opoid medications- Lyrica. She has had a urine drug screen, last on 4/22/15 with consistent findings. She has also signed a narcotic agreement. The request for Norco 10/325mg #60 with 1 refill is medically appropriate and necessary for this patient to use as prn during acute exacerbations.

**Lyrica 75mg #30 with 1 refill:** 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), Pregabalin (Lyrica).

**Decision rationale:** Lyrica 75mg #30 with 1 refill. Lyrica is an antiepilepsy medication. According to MTUS chronic pain guidelines, antiepilepsy drugs are recommended for neuropathic pain (pain due to nerve damage). Lyrica has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Per the cited guidelines "In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia." Per the records provided patient had chronic low back and neck pain. The patient has history of multiple surgeries including two cervical spine fusion surgeries. She had increasing back pain with restricted range of motion of the lumbar spine and an antalgic gait. So she had significant abnormal objective findings. Lyrica is medically appropriate and necessary in such a clinical situation. The request of Lyrica 75mg #30 with 1 refill is medically necessary and appropriate for this patient.