

<b>Case Number:</b>	CM15-0200443		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	07/02/2014
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: North Carolina, Georgia  
 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 41-year-old male, with a reported date of injury of 07-02-2014. The diagnoses include unspecified neuralgia, neuritis, and radiculitis, brachial neuritis or radiculitis, spasm of the cervical muscle, cervical herniated nucleus pulposus, radiculopathy, and stenosis, C5-7 herniated nucleus pulposus, cervical stenosis without myelopathy, and cervical radiculopathy. Treatments and evaluation to date have included Hydrocodone-Acetaminophen (since at least 08-2014), Lyrica (since at least 01-2015), Methocarbamol (since at least 08-2015), Prednisone, C5-7 anterior cervical discectomy and fusion on 04-13-2015, Norco, and physical therapy. The diagnostic studies to date have included electrodiagnostic studies of the bilateral upper extremities on 10-29-2014; an MRI of the cervical spine on 09-22-2014 which showed cervical spondylosis with mild disc space narrowing at C5-6 with scattered uncovertebral arthrosis, some hypertrophy of the posterior longitudinal ligament from C3-7, moderate narrowing of the central canal at C5-6, mild narrowing of the central canal at C4-5, mild narrowing of the central canal at C6-7 from diffuse disc osteophyte focally prominent centrally, and uncovertebral arthrosis causing mild narrowing of the bilateral neural foramina at C5-6 and on the left at C6-7. The progress note dated 09-22-2015 indicates that the injured worker complained of neck pain, arm pain, and muscle spasms. He reported that he was in constant pain, which was not controlled with Norco. It was noted that injured worker had difficulty walking and grasping. It was noted that the without Prednisone, the injured worker's pain rating was 10 out of 10. The physical examination (08-24-2015 and 09-22-2015) showed reduced cervical range of motion bilaterally, associated with trapezius muscle spasms; reduced grip

strength; and brisk bicipital reflexes. The injured worker's work status was noted as temporarily totally disabled and unable to perform any work until 10-22-2015. The request for authorization was dated 09-30-2015. The treating physician requested Hydrocodone-Acetaminophen 5-325mg #150, Lyrica 300mg #60 with two refills, and Methocarbamol 500mg #90. On 10-06-2015 Utilization Review (UR) non-certified the request for Hydrocodone-Acetaminophen 5-325mg #150, Lyrica 300mg #60 with two refills, and Methocarbamol 500mg #90.

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

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

#### **Hydrocodone Acetaminophen 5/325mg #150: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Hydrocodone Acetaminophen, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case states that this medication does not control his pain and does not document any functional improvement. Therefore, the record does not support medical necessity of ongoing opioid therapy with Hydrocodone Acetaminophen.

#### **Lyrica 300mg #60 with 2 refills: Upheld**

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

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

**Decision rationale:** CA MTUS states that there is insufficient evidence to argue for or against use of antiepileptic drugs in low back pain. Antiepileptic drugs are used first line for neuropathic pain. 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. There is no clear trial period but a week is considered to be a reasonable time to assess efficacy. In this case, there is documentation of a prior trial of Lyrica without substantial response to the medication and therefore ongoing use of Lyrica is not medically indicated.

**Methocarbamol 500mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The CA MTUS allows for the use, with caution, of non-sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of methocarbamol. This is not medically necessary and the original UR decision is upheld.