

<b>Case Number:</b>	CM15-0207728		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	07/20/2010
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: North Carolina

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 58-year-old female, with a reported date of injury of 07-20-2010. The diagnoses include lumbar radiculopathy, lumbar disc herniation, and lumbar herniated nucleus pulposus. The progress report dated 09-21-2015 is handwritten and somewhat illegible. The report indicates that the injured worker had low back pain, decreased activities of daily living, constant pain with range of motion, and relief with medications. The injured worker's pain rating was not indicated. The subjective findings (07-14-2015) included constant low back pain. The objective findings (07-14-2015) included lumbar spasms; positive right straight leg raise; right EHL (extensor hallucis longus) weakness; decreased range of motion; and positive loss of bladder control. The objective findings (09-21-2015) include tenderness to palpation at L4-5 and L5-S1; positive extension; positive flexion; positive straight leg raise; positive EHL, and increased paraspinal spasm. There was no documentation of the injured worker's sleeping issue or complaints. The injured worker has been instructed to remain off work until the next appointment. The diagnostic studies to date have not been included in the medical records provided for review. Treatments and evaluation to date have included Oxycontin, Norco, Ambien (since at least 11-2014), Lyrica (since at least 11-2014), Temazepam, and Percocet (since at least 07-2015). The treating physician requested Lyrica 100mg #90, Ambien 10mg #30, and Percocet 10-325mg #60. On 09-29-2015, Utilization Review (UR) non-certified the request for Lyrica 100mg #90, Ambien 10mg #30, and Percocet 10-325mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 100mg, #90: Upheld**

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

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on Lyrica states: Pregabalin (Lyrica, no generic available) 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. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. (Blommel, 2007) This medication also has an anti-anxiety effect. 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. (ICSI, 2007) (Tassone, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Crofford, 2005) (Stacey, 2008) The patient does not have the diagnoses of diabetic neuropathy, fibromyalgia or post herpetic neuropathy. There is no documentation of failure of other first line agents for peripheral neuropathy pain that the patient is experiencing. Therefore guideline recommendations have not been met and the request is not medically necessary.

**Ambien 10mg, #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR (Physician's Desk Reference) Ambien (zolpidem tartrate).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ambien.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested medication. PER the ODG: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic approved for the short-term treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain. While sleeping pills, so-called minor tranquilizers and anti-anxiety medications are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. There is also concern that they may increase pain and depression over the long-term. The medication is not intended for use greater than 6 weeks. There is no notation or rationale given for longer use in the provided progress reports. There is no documentation of other preferred long-term insomnia intervention choices being tried and failed. For these reasons the request is not medically necessary.

**Percocet 10/325mg, #60: Upheld**

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

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

**Decision rationale:** The California MTUS states: When to Continue Opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain(Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.