

<b>Case Number:</b>	CM15-0025377		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	06/23/2007
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: 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 56 year old male sustained an industrial injury via repetitive trauma on 6/23/07, with subsequent ongoing neck pain. Current diagnoses included brachial neuritis or radiculitis, cervicgia, status post cervical fusion, stiffness of joint not elsewhere classified and long term use of other medications. In a progress report dated 1/22/15, the injured worker complained of daily neck pain 4-7/10 on the visual analog scale. The physician noted Lyrica and Duloxetine helped with the injured worker's radicular symptoms. Physical exam was remarkable for mild end tremor with neck range of motion, with good flexion and extension. Strength to bilateral upper extremity was 5/5. Sensation was reduced to all digits of the left hand and on the right in the median sphere. The treatment plan included medication refills (Lyrica, Norco, ThermaCare and Duloxetine). The physician noted that the prescribed medications were long term maintenance for the injured worker's chronic intractable pain. The injured worker is working. On 1/30/15, Utilization Review modified a request for Norco 10/325mg #80 with 2 refills to Norco 10/325mg #80, Lyrica 300mg #60 with 2 refills to Lyrica 300mg #60 and Duloxetine 60mg #30 with 2 refills to Duloxetine 60mg #30 citing ACOEM and CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #80 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the MTUS guidelines, opioids may be continued if there has been improvement in pain and function. In this case, the injured worker is status post cervical fusion and is followed for chronic pain. The records indicate that the injured worker is working. There is no evidence of abuse or diversion. As such, given improvement in pain and function, and given that the injured worker is able to continue working, the request for low morphine equivalent Norco is supported. The injured worker also undergoes random urine drug screens and has a pain contract in place. The request for Norco 10/325mg #80 with 2 refills is medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica), Antiepilepsy drugs (AEDs) Page(s): 99, 16-19.

**Decision rationale:** According to the MTUS guidelines, Pregabalin (Lyrica, no generic available) 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. The MTUS guidelines state that anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants are recommended for neuropathic pain (pain due to nerve damage). The MTUS guidelines also note that Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this case, while an anti-epileptic medication is supported to address the injured worker's chronic pain syndrome, the medical records do not establish that the injured worker has trialed and failed first line anti-epileptic Gabapentin. The request for Lyrica 300 mg #60 with 2 refills is therefore not medically necessary.

**Duloxetine 60mg #30 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (duloxetine), Antidepressants for chronic pain Page(s): 41, 13-16.

**Decision rationale:** According to the MTUS guidelines, Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) antidepressant Duloxetine (Cymbalta) is recommended as first line treatment for chronic pain. In this case, the injured worker is diagnosed with chronic pain. The injured worker is able to continue working on the current medication regimen which includes Cymbalta. The request for Duloxetine 60mg #30 with 2 refills is therefore medically necessary.