

Case Number:	CM15-0219485		
Date Assigned:	11/12/2015	Date of Injury:	03/12/2005
Decision Date:	12/30/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/09/2015

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: New Jersey
 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 60-year-old female with a date of industrial injury 3-12-2005. The medical records indicated the injured worker (IW) was treated for cervical strain-sprain and degenerative disc disease and left radiculopathy; cervical post-laminectomy syndrome, status post anterior cervical fusion C5-C7; lumbar spine strain-sprain with bilateral radiculopathy; lumbar post-laminectomy syndrome, status post posterior fusion L3-S1; status post spinal cord stimulator implantation; and chronic pain syndrome with chronic opiate dependency. In the progress notes (10-1-15), the IW reported constant left shoulder and neck pain rated 6 out of 10. The pain was reportedly better with medications and worse with "everything". Her lowest pain since last assessment was 5 out of 10 and average pain was 6 out of 10. Her pain medication brought her pain down to 5 out of 10 and lasted 4 hours. Current medications were Lyrica 50mg (since at least 8-2015) and Norco 10-325mg (since at least 8-2015); she had run out of Norco (quantity was reduced by the carrier) and her pain had increased. Her pain was 4 to 7 out of 10 at the 9-1-15 visit and her pain with medications was 3 to 4 out of 10. On examination (9-1-15 and 10-1-15 notes), she walked slowly and carefully with a cane. Range of motion of the neck and back was decreased and painful. Treatments included medications. Previous medications were Neurontin, OxyContin and Skelaxin. The provider recommended acupuncture, continuing current medications and cognitive behavioral therapy. The provider stated (9-1-15 notes) "narcotic monitoring program was implemented with UDS and medication agreement". There was no indication of aberrant drug taking behavior, per the provider, and a recent CURES report was reviewed; the results were not stated. The urine drug screen on 9-8-15 was positive for Aminoclonazepam, which appeared to

be inconsistent with prescribed medications; the 8-12-15 screen was also inconsistent due to the presence of alcohol and absence of Fentanyl. In the 9-1-15 notes, the IW reported she took herself off Fentanyl patches and was taking 4 to 6 Norco per day. A Request for Authorization dated 10-12-15 was received for Norco 10-325mg, #160 and Lyrica 50mg, #280. The Utilization Review on 10-19-15 modified the request for Norco 10-325mg, #160 and Lyrica 50mg, #280.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #160: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, although there was reported pain reduction and functional gains with collective use of both Norco and Lyrica, there was no specific report found of how effective Norco was, independent of Lyrica or other medication use. The provider also stated that the goal with treatment was to be able to wean down on this medication, however, this was not recently attempted as planned. Weaning is appropriate, especially without more clearly identified and independent benefit with use. Therefore, the Norco dose and frequency requested will be considered medically unnecessary.

Lyrica 50mg #280: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs), Pregabalin (Lyrica).

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

Decision rationale: The MTUS Guidelines state that anti-epilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief,

improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, although there was reported pain reduction and functional gains with collective use of both Norco and Lyrica, there was no specific report found of how effective Lyrica was, independent of Norco or other medication use. The prescribed dose of Lyrica was more than 300 mg per day, which is beyond typical amounts. Also, physical findings from the documentation failed to reveal neurological signs to confirm the diagnosis of neuropathic pain. Therefore, the Lyrica dose and frequency requested will be considered medically unnecessary until more clear documentation of the diagnosis and benefit from Lyrica as prescribed is presented for review.