

Case Number:	CM15-0219591		
Date Assigned:	11/12/2015	Date of Injury:	12/06/2005
Decision Date:	12/29/2015	UR Denial Date:	10/27/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old male, who sustained an industrial injury on 12-06-2005. He has reported injury to the neck and bilateral shoulders. The diagnoses have included cervicalgia; displacement of cervical disc without myelopathy; cervical spondylosis with myelopathy; cervical radiculopathy; cervical facet arthropathy; shoulder impingement syndrome; and status post bilateral shoulder surgeries (2006). Treatment to date has included medications, diagnostics, ice, heat, home exercise program, cervical interlaminar epidural steroid injection, cervical medial branch block, shoulder injections, and shoulder surgeries. Medications have included Norco, Lyrica, Celebrex, and Ambien. A progress report from the treating physician, dated 10-13-2015, documented an evaluation with the injured worker. The injured worker reported neck pain; ongoing shoulder pain; he had a cervical medial branch radiofrequency, which improved his neck pain very well, with at least 70% improvement; his neck pain is currently quite minimal; the shoulder pain never improved and thinks "it might be worsening"; he states that most pain now is in the left shoulder; in the past, he had a shoulder injection which worked quite well for him; his medication is currently doing quite well for his pain; the average pain level is rated at 7 out of 10 in intensity; the pain is worse with movement, especially of the shoulder; and the pain medication improves the pain 50% without side effects. Objective findings included he is in mild distress; there is pericervical tenderness; passive range of motion is decreased and painful; and the left shoulder abduction test and Neer test are positive. The treatment plan has included the request for Lyrica 100mg #120 with 2 refills; and Norco 7.5-325mg #60. The original utilization review, dated 10-27-2015, modified the request for Lyrica 100mg #120 with 2 refills, to 1

prescription of Lyrica 100mg #120; and modified the request for Norco 7.5-325mg #60, to 1 prescription of Norco 7.5-325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100mg #120 with 2 refills: Upheld

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

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

Decision rationale: The patient was injured on 10/27/15 and presents with neck pain and shoulder pain. The request is for LYRICA 100 MG #120 WITH 2 REFILLS. There is no RFA provided and the patient's current work status is not provided. The patient has been taking this medication as early as 01/21/15. MTUS Guidelines, Antiepilepsy drugs (AEDs) section, page 19-20, under Lyrica states: "Pregabalin (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. 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." MTUS Guidelines, Medications for Chronic Pain section, pg. 60, 61 states: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" The patient is diagnosed with cervicalgia; displacement of cervical disc without myelopathy; cervical spondylosis with myelopathy; cervical radiculopathy; cervical facet arthropathy; shoulder impingement syndrome; and status post bilateral shoulder surgeries (2006). Treatment to date includes medications, diagnostics, ice, heat, home exercise program, cervical interlaminar epidural steroid injection, cervical medial branch block, shoulder injections, and shoulder surgeries. On 07/24/15, the patient rated his pain as a 6-7/10 without medications and a 5/10 with medications. The 10/13/15 treatment report states that the patient rated his pain as a 7/10 on average, "pain is better with medication, [and] pain medication improves the pain 50% without side effects. No aberrant behavior." MTUS page 60 states that pain assessment and functional changes must be noted when medications are used for chronic pain. In this case, the treater doesn't provide any discussion regarding how Lyrica specifically impacted the patient's pain and function. Therefore, the requested Lyrica IS NOT medically necessary.

Norco 7.5/325mg #60: Upheld

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

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

Decision rationale: The patient was injured on 10/27/15 and presents with neck pain and shoulder pain. The request is for NORCO 7.5/325 MG #60. There is no RFA provided and the patient's current work status is not provided. The patient has been taking this medication as early as 01/21/15 and treatment reports are provided from 01/21/15 to 10/13/15. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." On 07/24/15, the patient rated his pain as a 6-7/10 without medications and a 5/10 with medications. "Pain medication (Norco) improves the pain by 50%. Side effects: none. No aberrant behavior." The 10/13/15 treatment report states that the patient rated his pain as a 7/10 on average, "pain is better with medication, [and] pain medication improves the pain 50% without side effects. No aberrant behavior." In this case, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no examples of specific ADLs, which demonstrate medication efficacy. No validated instruments are used either. There is no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Norco IS NOT medically necessary.