

<b>Case Number:</b>	CM15-0224766		
<b>Date Assigned:</b>	11/23/2015	<b>Date of Injury:</b>	01/31/2010
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 42 year old female, who sustained an industrial injury on 1-31-2010. Diagnoses include lumbar radiculopathy status post lumbar surgery. Treatments to date include physical therapy and medication therapy. On 8-10-15, she complained of ongoing low back pain, swelling of the left foot and left leg pain. Pain was rated 5 out of 10 VAS with no changes; however increased feelings of pins and needles to the left foot was noted as new. The records documented Norco had been discontinued and Nucynta 50mg had been initiated. She reported Lyrica was increased to 75mg three times daily and noted it help reduce neuropathy. Her sleep cycle was noted to be poor. The physical examination documentation was not submitted for this review. The appeal requested authorization for Lyrica 75mg #90, Ambien 5mg #30, and Nucynta 50mg #60. The Utilization Review dated 11-12-15, denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 75mg #90:** Upheld

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

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Lyrica 75 mg, #90 is not medically necessary. Lyrica is recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain. Lyrica is an AED effective in diabetic neuropathy and postherpetic neuralgia. Lyrica is associated with a modest increase in the number of patients experiencing meaningful pain reduction. In this case, the injured worker's working diagnosis is lumbar radiculopathy status post lumbar surgery. Date of injury is January 31, 2010. Request for authorization is November 5, 2015. The medical record contains eight pages and one incomplete progress note by the non-requesting provider. According to August 10, 2015 incomplete progress notes, medications include Nucynta, Ambien and Lyrica. The injured worker is status post lumbar laminectomy May 15, 2015. Subjectively, there is ongoing low back pain that radiates to the left leg. There is increased pain with pins and needles. Objectively, the physical examination section is absent from the medical record. The start date for Lyrica is not stated in the medical record. The documentation indicates the requesting provider started Lyrica to help with the neuropathy. The documentation does not demonstrate objective functional improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation by the requesting provider, incomplete documentation by the non-requesting provider with a missing physical examination and no documentation demonstrating objective functional improvement to support ongoing Lyrica, Lyrica 75 mg, #90 is not medically necessary.

**Ambien 5mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem (Ambien).

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, Ambien 5 mg #30 is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7 - 10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the injured worker's working diagnosis is lumbar radiculopathy status post lumbar surgery. Date of injury is January 31, 2010. Request for authorization is November 5, 2015. The medical record contains eight pages and one incomplete progress note by the non-requesting provider. According to August 10, 2015 incomplete progress notes, medications include Nucynta, Ambien and Lyrica. The injured worker is status

post lumbar laminectomy May 15, 2015. Subjectively, there is ongoing low back pain that radiates to the left leg. There is increased pain with pins and needles. Objectively, the physical examination section is absent from the medical record. The start date for Ambien is not stated in the medical record. Ambien is recommended for short-term (7-10 days). As noted above, was no documentation by the requesting provider. There is no documentation demonstrating objective functional improvement. There is no clinical rationale to support the ongoing use of Ambien long term. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and treatment continued in excess of the recommended guidelines (start date not specified), Ambien 5 mg #30 is not medically necessary.

**Nucynta 50mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Tapentadol (Nucynta).

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, Nucynta 50mg, #60 is not medically necessary. Nucynta is recommended only as a second line therapy for patients who develop intolerable adverse effects with first line opiates. See the guidelines for additional details. In this case, the injured worker's working diagnosis is lumbar radiculopathy status post lumbar surgery. Date of injury is January 31, 2010. Request for authorization is November 5, 2015. The medical record contains eight pages and one incomplete progress note by the non-requesting provider. According to August 10, 2015 incomplete progress notes, medications include Nucynta, Ambien and Lyrica. The injured worker is status post lumbar laminectomy May 15, 2015. Subjectively, there is ongoing low back pain that radiates to the left leg. There is increased pain with pins and needles. Objectively, the physical examination section is absent from the medical record. There is no documentation indicating intolerable adverse effects with first-line opiates. The treating provider reportedly discontinued Norco and started Nucynta. There is no documentation by the requesting provider and, as a result, there is no clinical indication or rationale for starting Nucynta. Based on clinical information in the medical record, the peer-reviewed evidence-based guidelines and no documentation demonstrating intolerable adverse effects for starting Nucynta therapy, Nucynta 50mg, #60 is not medically necessary.