

<b>Case Number:</b>	CM15-0030240		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	03/20/2005
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Pennsylvania  
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 67 year old female, who sustained an industrial injury on March 20, 2005. She has reported pain, stiffness, tingling and numbness of the upper extremities, low back pain and neck pain. The diagnoses have included chronic cervical discogenic disease, carpal tunnel syndrome, chronic lumbosacral sprain and hypothyroidism. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, pain medications and work restrictions. Currently, the IW complains of pain, stiffness, tingling and numbness of the upper extremities, low back pain and neck pain. The injured worker reported an industrial injury in 2005, with continued pain, stiffness, tingling and numbness of the upper extremities, low back pain and neck pain. It was noted she reported similar pain and was seeking medical attention for the pain three years before the industrial injury. It was noted she was treated conservatively without resolution of the pain. On May 6, 2014, evaluation revealed continued low back pain. She was referred to a neurosurgeon for possible facet joint injection of the lumbar and sacral spine. Evaluation on November 4, 2014, revealed continued pain. pain medications were renewed. On January 28, 2015, Utilization Review non-certified a request for Lyrica 75mg #30 and Methadone 10mg #60, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 18, 2015, the injured worker submitted an application for IMR for review of requested Lyrica 75mg #30 and Methadone 10mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lyrica 75MG # 30 between 1/6/15 and 3/23/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-22.

**Decision rationale:** Lyrica (pregabalin) is a medication in the antiepilepsy class. The MTUS Guidelines and FDA support its use in treating diabetic neuropathy, postherpetic neuralgia, fibromyalgia, and partial seizures. It can have euphoric and anti-anxiety side effects. When this medication is no longer providing benefit, the Guidelines support weaning over one week to avoid withdrawal effects. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into both legs. There was no suggestion the worker had any of the above conditions. Further, there was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 30 tablets of Lyrica (pregabalin) 75mg for the dates of service 01/06/2015 through 03/23/2015 is not medically necessary. A one-week wean should be able to be accommodated in the medication the worker already had available.

### **Methadone 10mg # 60 between 1/6/15 and 3/23/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

**Decision rationale:** Methadone is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing lower back pain that went into both legs. The documented pain assessments were minimal and did not include many of the elements recommended by the Guidelines. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no indication the worker had improved pain intensity or function with this specific medication or the degree of

improvement, exploration of potential negative side effects, or individualized risk assessment. In the absence of such evidence, the current request for 60 tablets of methadone 10mg for the dates of service 01/06/2015 through 03/23/2015 is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

**Norco 10/325 #60 between 1/6/15 and 3/23/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

**Decision rationale:** Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing lower back pain that went into both legs. The documented pain assessments were minimal and did not include many of the elements recommended by the Guidelines. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no indication the worker had improved pain intensity or function with this specific medication or the degree of improvement, exploration of potential negative side effects, or individualized risk assessment. In the absence of such evidence, the current request for 60 tablets of Norco (hydrocodone with acetaminophen) 10/325mg for the dates of service 01/06/2015 through 03/23/2015 is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

**Alprazolam 1mg #90 between 1/6/15 and 3/23/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of Medications Page(s): 24 and 124.

**Decision rationale:** Alprazolam is a medication in the benzodiazepine class. The MTUS Guidelines recommend benzodiazepines for no longer than four weeks. Long-term benefits are not proven, and tolerance to the potential benefits develops quickly. Long-term use can increase anxiety and can lead to dependence. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into both legs. The length of treatment was not reported, but the worker had taken this medication for at least several months at the time of the request. There was no discussion describing special circumstances that sufficiently supported the long-term use of alprazolam. In the absence of such evidence, the current request for 90 tablets of alprazolam 1 mg for the dates of service 01/06/2015 through 03/23/2015 is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted and reviewed documentation, an individualized taper should be able to be completed with the medication the worker has available.