

<b>Case Number:</b>	CM15-0035000		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	06/13/2009
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: Texas, 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 is a 53 year old female patient who sustained a work related injury on June 13, 2009, after hyper extending her arm causing pain in the left shoulder with pain radiating to the cervical spine and arm. The current diagnosis includes lumbar degenerative disc disease. Per the doctor's note dated 1/28/2015, she had complaints of right leg seizes up, pressure in head and pain in head with radiation to the right eye. decreased range of motion and limited strength with weakness in her left grip. She had lower extremity pain and spasm. The current medications list includes Lyrica, hydrocodone and baclofen. She has had left ankle MRI on 11/19/2009; MRI lumbar spine dated 7/21/2009 and 1/26/2011 which revealed post surgical changes at L5-S1; lumbar CT with contrast on 3/7/2011; MRI brain on 4/22/2011. She has undergone hip surgery, multiple shoulder surgeries including left total shoulder arthroplasty and lumbar surgery. She has had physical therapy for this injury. She has had urine drug screen on 6/25/2014. On March 6, 2015, a request for one prescription of Hydrocodone 10/325 mg, #975 was modified to one prescription of Hydrocodone 10/325 mg to #60, quantity: #225; one prescription of Lyrica 150 mg, #390, was modified to one prescription of Lyrica 150 mg, #90, quantity: 300; and one prescription of Baclofen 10 mg, quantity of 520 was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg #975:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** Request: Hydrocodone 10/325mg #975. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines: A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to non opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. Response to lower potency opioids like tramadol for chronic pain is not specified in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. With this, it is deemed that this patient does not meet criteria for ongoing use of opioids analgesic. The medical necessity of Hydrocodone 10/325mg #975 is not established for this patient at this time.

**Lyrica 150mg #390:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 19-20 and 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), page 16 Pregabalin (Lyrica, no generic available), page 19.

**Decision rationale:** Request: Lyrica 150mg #390. Lyrica is an antiepilepsy medication. According to MTUS chronic pain guidelines, antiepilepsy drugs are recommended for neuropathic pain (pain due to nerve damage. Lyrica has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. As mentioned above patient had chronic headache and pain with radiation to lower extremity and right eye. Patient is having history of multiple surgeries. Lyrica is medically appropriate and necessary in such a clinical

situation. The request of Lyrica 150mg #390 is medically necessary and appropriate for this patient.

**Baclofen 10mg #520:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity drugs and Topical Analgesics Page(s): 64 and 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**Decision rationale:** Request: Baclofen 10mg #520. Baclofen is a muscle relaxant. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline: muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. The need for baclofen on a daily basis with lack of documented improvement in function is not fully established. According to the cited guidelines, baclofen is recommended for short term therapy and not recommended for a longer period. The medical necessity of Baclofen 10mg #520 is not fully established for this patient at this juncture.