

<b>Case Number:</b>	CM15-0042254		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	04/05/2012
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: Arizona, 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:

The injured worker is a 49-year-old male, who sustained an industrial injury on April 5, 2012. He reported an injury to his neck, back, right knee and hand after a fall from a ladder. The injured worker was diagnosed as having cervical pain, low back pain, bilateral knee pain, lumbar degenerative disc disease, lumbar radiculopathy and cervical disc disorder. Treatment to date has included total right knee replacement, physical therapy, chiropractic therapy, lumbar and cervical epidural steroid injections, TENS unit, medications, durable medical equipment and imaging of the cervical and lumbar spine. Currently, the injured worker complains of neck and lower back pain. He rates the pain as a 6 on a 10-point scale with the use of medications and rates it an 8 on a 10-point scale without the use of medications. The evaluating physician notes that the injured worker failed the use of oxycodone, OxyContin, methadone and Avinza and failed physical therapy, chiropractic therapy and epidural steroid injections. The injured worker is not using any other therapy for pain relief and reports that the quality of his sleep is poor. His treatment plan includes continued use of MS Contin, Norco, and Lyrica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for since at least 2013. Pain scores while using it with Morphine and Lyrica only dropped from 10/10 to 8/10. Pain relief attributed to Norco cannot be determined. There was no indication of opioids weaning or Tylenol failure. The continued use of Norco is not medically necessary.

**Lyrica 150mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 19.

**Decision rationale:** According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnoses. The claimant had been on Lyrica along with other analgesics. Pain scores while using it with Morphine and Norco only dropped from 10/10 to 8/10. Pain relief attributed to Lyrica cannot be determined. There is no indication for continued use and the Lyrica is not medically necessary.