

<b>Case Number:</b>	CM15-0057226		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	09/15/2011
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: New Jersey

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 63-year-old male/female, who sustained a work/ industrial injury on 9/15/11. She has reported initial symptoms of low back pain. The injured worker was diagnosed as having cervical disc disease with cervical facet arthropathy, lumbar disc disease with lumbar facet arthropathy, L4-5, L5-S1, right shoulder impingement syndrome s/p surgery with residual symptoms, and depression and anxiety. Treatments to date included medications, physical therapy, and a spinal cord stimulator (10/2014). Currently, the injured worker complains of low back pain and right lower extremity pain. There was also some problem of depression. The treating physician's report (PR-2) from 2/11/15 indicated the battery generator for the spinal cord stimulator site was non-tender. Range of motion of her back still is quite limited although improving. She still has decreased sensation in the right lower extremity. She is stabilized using Hydrocodone, Cymbalta, Zolof, Robaxin, and Lyrica. Treatment plan included Lyrica, Robaxin, and Hydrocodone continuance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 150 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 19-20.

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

**Decision rationale:** The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, there was no up-to-date assessment of the effectiveness of the Lyrica since her spinal cord stimulator surgery and reduced need for medications in general. There was no documentation to show measurable pain reduction and functional gain directly related to the Lyrica, which is necessary in order to justify continuation. Therefore, the Lyrica will be considered medically unnecessary until this can be provided for review. Weaning may be indicated.

**Robaxin 750mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was chronic use of Robaxin leading up to this request for renewal, which is not recommended. Also, there was no report seen in the documentation of its benefit on the overall function and pain/spasm levels to help justify its continued use. Therefore, the Robaxin will be considered medically unnecessary.

**Hydrocodone 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documentation provided to show that this full review was completed near the time of this request for renewal of hydrocodone. No report was found since the spinal cord stimulator surgery and reduction in need for as much medication to show functional gains and pain reduction (measurable) to help justify the continuation of hydrocodone. Therefore, the hydrocodone will be considered medically unnecessary. Weaning may be indicated.