

<b>Case Number:</b>	CM15-0058636		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	07/14/1997
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 70 year old female, who sustained an industrial injury on 7/14/97. The injured worker has complaints of pain in shoulders and back with spasms worse in the evening with morning stiffness with radiation to both sides of back. The diagnoses have included cervicgia; lumbago and pain in joint, lower leg. Treatment to date has included aqua aerobic program; over-the-counter products for pain control and ice packs and lyrica in the past for pain control which was effective. The request was for lyrica and tylenol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 75mg , q 8 hrs #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 19-20.

**Decision rationale:** The patient was injured on 07/14/97 and presents with hip spasms and low back pain which radiates to her lateral thighs. The request is for Lyrica 75 mg Q8 Hours #90 for chronic pain. The RFA is dated 02/20/15 and the patient is currently off of work. The patient has been taking this medication as early as 09/23/14. MTUS Guidelines, pages 19-20, have the following regarding Lyrica: Pregabalin Lyrica, no generic available 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. It further states: Weaning: Do not discontinue pregabalin abruptly and weaning should occur over 1-week period. Withdrawal effects have been reported after abrupt discontinuation. The patient has been diagnosed with cervicalgia, lumbago, and pain in joint of lower leg. She ambulates with a stiff antalgic gait and has moderate tenderness to palpate across her back and into the left gluteal region. The 09/23/14 report states that the patient has used Lyrica in past for pain control which was effective. The 02/20/15 report states that Tylenol #3 and Lyrica have worked in the past. The treater provides general statements regarding how Lyrica has been helping the patient's pain and function. She continues to have constant low back pain which radiates to her lateral thighs, for which Lyrica is supported per MTUS. Given the patient's functional status, it would appear reasonable to continue this medication. The requested Lyrica is medically necessary.

**Tylenol #3, q 6 hrs prn #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opiates hydrocodone Page(s): 76-78, 88-90.

**Decision rationale:** The patient was injured on 07/14/97 and presents with hip spasms and low back pain which radiates to her lateral thighs. The request is for Tylenol #3 Q6 Hours PRN #90 for pain. The RFA is dated 02/20/15 and the patient is currently off of work. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, Criteria for use of opiates for long-term users of opiates (6 months or more) states, Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 criteria for use of opiates, ongoing management also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication for work, and duration of pain relief. MTUS page 90 also continues to state that the maximum dose of hydrocodone is 60 mg per day. The 02/20/15 report states that Tylenol #3 and Lyrica have worked in the past. In this case, none of the 4As are addressed as required by the MTUS Guidelines. In this case, the treater does provide a before and after medication usage to document analgesia and provides a discussion regarding adverse behaviors/side effects. However, there are no specific examples of ADLs which demonstrate medication efficacy. General statements are inadequate documentation to show significant functional improvement. No validated instruments are used either. There are no pain management issues discussed such as urine drug screens, CURES report, pain contract, et cetera. No outcome measures are provided either as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Tylenol #3 is not medically necessary.