

<b>Case Number:</b>	CM15-0082375		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	08/16/2010
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53-year-old female, who sustained an industrial injury on 08/16/2010. On provider visit dated 03/02/2015 the injured worker has reported pain in right wrist, right elbow and right shoulder. On examination, the shoulders were noted to have crepitus on both shoulders, tenderness to palpation in the biceps tendon, AC joint and trigger points palpated in the upper trapezius, lower trapezius and splenius capitis bilaterally, and decreased cervical lordosis was noted. Range of motion was decreased with pain noted on the right shoulder. Positive apprehension test on the right, positive Adson's test bilaterally, Hawkins test was positive on the left, and Speed test was positive on the right. The diagnoses have included myalgia and myositis- unspecified, neuralgia, neuralgia and radiculitis- unspecified and reflex sympathetic dystrophy. Treatment to date has included medication, physical therapy and acupuncture. The provider requested Vicodin, Flexeril and Lyrica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 50mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Antiepilepsy drugs (AEDs), p18-19 (2) Medications for chronic pain, p60 Page(s): 18-19, 60.

**Decision rationale:** The claimant is nearly 5-year status post work-related injury and continues to be treated for right shoulder, elbow, and wrist pain. When seen she was having pain rated at 8/10. Relieving factors referenced are massage, medications, ice, relaxation, physical therapy, and acupuncture. Symptoms included numbness and tingling. Physical examination findings included paresthesias of the fingers. There were cervical trigger points. Antiepilepsy drugs such as Lyrica are recommended for neuropathic pain. Initial dosing of Lyrica is 50 mg three times per day with a maximum dose of up to 600 mg per day. In this case, the claimant has neuropathic pain affecting her hand. The requested dosing is consistent with guidelines recommendations and therefore medically necessary.

**Vicodin 5/325mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, p76-80 Page(s): 76-80.

**Decision rationale:** The claimant is nearly 5-year status post work-related injury and continues to be treated for right shoulder, elbow, and wrist pain. When seen she was having pain rated at 8/10. Relieving factors referenced are massage, medications, ice, relaxation, physical therapy, and acupuncture. Symptoms included numbness and tingling. Physical examination findings included paresthesias of the fingers. There were cervical trigger points. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Vicodin (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. Although the requested dosing is within guideline recommendations, the claimant has chronic pain with a high pain score, and the use of opioid medication may be appropriate, the claimant's response to this medication not documented. Whether there are issues of abuse, addiction, or poor pain control is unknown. Therefore, the continued prescribing of Vicodin cannot be considered as medically necessary.

**Flexeril 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

**Decision rationale:** The claimant is nearly 5-year status post work-related injury and continues to be treated for right shoulder, elbow, and wrist pain. When seen she was having pain rated at

8/10. Relieving factors referenced are massage, medications, ice, relaxation, physical therapy, and acupuncture. Symptoms included numbness and tingling. Physical examination findings included paresthesias of the fingers. There were cervical trigger points. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Vicodin (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. Although the requested dosing is within guideline recommendations, the claimant has chronic pain, and the use of opioid medication may be appropriate, the claimant's response to this medication not documented. Whether there are issues of abuse, addiction, or poor pain control is unknown. Therefore, the medical necessity of the continued prescribing of Vicodin is not established. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with long-term use and the presence of muscle spasms is not documented. It was therefore not medically necessary.