

<b>Case Number:</b>	CM15-0088235		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	08/26/2011
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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 was a 43-year-old female, who sustained an industrial injury, September 26, 2011. The injured worker previously received the following treatments Norco, Lyrica and Cyclobenzaprine/Ibuprofen based creams and TENS (transcutaneous electrical nerve stimulator) unit decreased the pain by 50%. The injured worker was diagnosed with carpal tunnel syndrome, status post carpal tunnel release on the left, complex regional pain syndrome and left greater than the right chronic wrist pain. According to progress note of April 23, 2015, the injured workers chief complaint was right arm pain. The injured worker was still having dysesthesia and was not getting the Lyrica approved. The Norco was very effective in managing the injured workers pain. The complex regional pain syndrome was in the right elbow and forearm area and his helps the dysesthesias. The injured worker was responding well to the Cyclobenzaprine/Ibuprofen based creams, was taking some of the pain away. The physical exam noted tenderness along the lateral and medial aspects of the left forearm. The injured worker had normal flexion and extension of the elbow. Supination and pronation on the left were 4 out of 5 while on the right were 5 out of 5. The treating physician was giving the injured worker samples of Lyrica for the numbness, tingling and pain. The treatment plan included prescriptions for 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 #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERA FOR USE OF OPIOIDS, HYDROCODONE Page(s): 88-90, 76-78.

**Decision rationale:** The patient was injured on 09/26/11 and presents with right arm pain. The request is for NORCO 10/325 MG #30. There is no RFA provided and the patient is on permanent disability. 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 to 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 12/23/14 report states that the patient rates her pain as an 8/10. The 04/23/15 report states, "from an ADL standpoint, she has difficulties doing laundry. She is still dropping some things." In this case, none of the 4 A's are addressed as required by MTUS Guidelines. Although the patient rates her pain as an 8/10, the treater does not provide any before-and-after pain scales. There are no examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There is no pain management issues discussed such as urine drug screens, CURES report, pain contract, etc. No outcome measures are provided 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 Norco IS NOT medically necessary.

**Lyrica 7.5mg #30 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-epileptic drugs.

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

**Decision rationale:** The patient was injured on 09/26/11 and presents with right arm pain. The request is for LYRICA 7.5 MG #30 WITH 3 REFILLS to treat her complex regional pain syndrome. There is no RFA provided and the patient is on permanent disability. 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 postherpetic 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 01/20/15 report states that "Lyrica helped." The patient is diagnosed with carpal tunnel syndrome, status post carpal tunnel release on the left, complex regional pain syndrome and left greater than the right chronic wrist pain. She has minimal atrophy of the left forearm and tenderness along the lateral/medial aspects of the left forearm. In this case, Lyrica has "helped," and the patient does present with CRPS and CTS, which is a neuropathic condition. Therefore, the requested Lyrica IS medically necessary.