

<b>Case Number:</b>	CM15-0237472		
<b>Date Assigned:</b>	12/14/2015	<b>Date of Injury:</b>	01/03/2014
<b>Decision Date:</b>	01/20/2016	<b>UR Denial Date:</b>	11/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2015

### 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: North Carolina, Georgia  
 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 (IW) is a 39 year old male, who sustained an industrial injury on 1-03-2014. The injured worker is being treated for other intervertebral disc displacement lumbosacral region. Treatment to date has included lumbar fusion (8-10-2015), medications, physical therapy and diagnostics. Per the Primary Treating Physician's Progress Report dated 11-17-2015 the injured worker presented for a follow-up of chronic low back pain secondary to lumbar disc displacement. He is status post lumbar fusion surgery on 8-10-2015. He still has pain in his legs and was told it could take up to a year for his nerve pain to improve. Current medications include Norco, Venlafaxine, Protonix, and Lyrica. Objective findings included an antalgic gait. There is no documentation of significant functional improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to the current treatment. The notes from the provider do not document efficacy of the prescribed medications. Work status was not documented at this visit. The plan of care included medication management and authorization was requested for Lyrica 50 #60 with one refill, Norco 10-325mg #150 and urine toxicology. On 11-27-2015, Utilization Review modified the request for Lyrica 50 #60 with one refill and Norco 10-325mg #150 and non-certified the request for urine toxicology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 50mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

**Decision rationale:** CA MTUS states that there is insufficient evidence to argue for or against use of antiepileptic drugs in low back pain. Antiepileptic drugs are used first line for neuropathic pain. Lyrica 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. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. There is no clear trial period but a week is considered to be a reasonable time to assess efficacy. In this case, there is documentation of neuropathic pain but no specific documentation of response to treatment with the medication. Lyrica is not medically necessary.

**Norco 10/325mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Norco is not medically necessary.

**Urine toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Screen.

**Decision rationale:** CA MTUS recommends the consideration of drug screening before initiation of opioid therapy and intermittently during treatment. An exact frequency of urine drug testing is not mandated by CA MTUS with general guidelines including use of drug screening with issues of abuse, addiction or poor pain control. ODG recommends use of urine drug screening at initiation of opioid therapy and follow up testing based on risk stratification with recommendation for patients at low risk for addiction/aberrant behavior (based on standard risk stratification tools) to be testing within six months of starting treatment then yearly. Patients at higher risk should be tested at much higher frequency, even as often as once a month. In this case, there is a recent drug screen from August 2015, which was consistent with prescribed medication. A new drug screen at this time is not medically necessary.