

<b>Case Number:</b>	CM14-0119038		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/16/2009
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 30-year-old who sustained a work injury on March 16, 2009 involving the neck and low back. He was diagnosed with lumbar strain and cervicobrachial syndrome. A progress note on June 13, 2014 indicated that the claimant 8/10 pain. Exam findings were notable for reduced range of motion of the cervical spine and strength in the left upper extremity. The claimant had been on Norco and Flexeril for over 5 months. The treating physician provided the claimant with additional Norco 10 mg daily , Lyrica for neuropathic symptoms and Quazepam daily for sleep difficulties.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, 120 count with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79, 16-17, 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial

basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Norco for months without significant improvement in pain or function. The request for Norco 10/325 mg, 120 count with one refill, is not medically necessary or appropriate.

**Quazepam 15 mg, thirty count with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79, 16-17, 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia medications

**Decision rationale:** According to the MTUS guidelines, benzodiazepines such as Quazepam, recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. According to the ODG guidelines, The MTUS and ODG guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. In this case, the claimant had been given over a month of Quazepam. It is not indicated for sleep disturbance. In addition, the sleep difficulties had not been evaluated or treated with behavioral modification. The request for Quazepam 15 mg, thirty count with one refill, is not medically necessary or appropriate.

**Lyrica 75 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79, 16-17, 24.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Pregabalin (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. In this case, the claimant did not have the above diagnoses and a month later it was found to be ineffective. The request for Lyrica 75 mg, sixty count, is not medically necessary or appropriate.