

<b>Case Number:</b>	CM14-0120470		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/05/2008
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 Medicine 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 patient is a 53-year-old female who has submitted a claim for pain in joint, pelvic region and thigh associated with an industrial injury date of September 5, 2008. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of persistent right hip pain and instability. X-rays and a CT scan study showed no evidence of loosening or failure of implant. A technetium bone scan revealed no increased activity. Examination of the right hip revealed normal motion, absence of pain on both active and passive motion and absence of instability. Treatment to date has included surgery and medications including Butrans, Norco and Lyrica. Utilization review from July 14, 2014 denied the request for Lyrica 50 mg #240, Butrans 15 mcg/hr. #26 and Norco 10/325 mg#200. The request for Lyrica was modified to #60 because there was no documentation of pain relief and improvement in function from the prior use of this medication. The request for Butrans and Norco were modified to #16 and #50 because requests for these medications were not accompanied by objective measures of functional improvement, attempt of opiate wean/taper and an updated and signed contract between the provider and the patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 50 mg #240:** 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 Pregabalin (Lyrica) Page(s): 19-20.

**Decision rationale:** According to page 19 of the California MTUS Guidelines on Chronic Pain Management, 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 patient was taking Lyrica since at least April 2014. However, there was no documentation of continued functional benefit with the use of the medication. Furthermore, the records did not show that the patient suffered from diabetic neuropathy or postherpetic neuralgia. There is no clear indication for continued use of the requested medication. Therefore, the request for Lyrica 50mg #240 is not medically necessary.

**Butrans 15 mcg/hr #26:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, Opioids Page(s): 26-27, 78-81.

**Decision rationale:** According to pages 26-27 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Buprenorphine is recommended for treatment of opiate addiction and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the medical records do not show that the patient had a history of opiate addiction; Buprenorphine is used for chronic pain since at least February 2014. There is no record to indicate an objective improvement in the patient secondary to this drug in terms of pain reduction and improvement in functionality. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Moreover, there is no documentation of the presence or absence of opioid side effects. Finally, there is no recent urine drug screen that would provide insight regarding the patient's compliance to the prescribed medication. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Butrans 15 mcg/hr. #26 is not medically necessary.

**Norco 10/325 mg#200:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, Ongoing Management Page(s): 78-81.

**Decision rationale:** According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient had been taking Norco for pain since at least February 2014. There is no record to indicate an objective improvement in the patient secondary to this drug in terms of pain reduction and improvement in functionality. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Moreover, there is no documentation of the presence or absence of opioid side effects. Finally, there is no recent urine drug screen that would provide insight regarding the patient's compliance to the prescribed medication. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Norco 10/325 mg#200 is not medically necessary.