

<b>Case Number:</b>	CM14-0124588		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	04/29/2004
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 50-year-old female who reported a date of injury of 04/29/2004. The mechanism of injury was indicated as a bending injury. The injured worker had diagnoses of cervical brachial syndrome, brachial neuritis on the right, right rotator cuff bursitis, lumbar radiculitis, and sacroiliac sprain. Prior treatments included physical therapy. The injured worker had an MRI of the lumbar spine on 06/30/2014 with the official report indicating, L4-5 degenerative bone and disc changes noted with a 1 mm disc protrusion centrally and eccentric toward the left, encroaching on the descending left L5 nerve root; a CT of the right foot on 07/07/2014 with the official report indicating evidence for previous right foot surgery, small punctate area of increased density seen adjacent to the plantar aspect of the second and fifth metatarsal heads. Surgeries included a right knee arthroscopy on 09/21/2012, right ulnar nerve transposition, and carpal tunnel release of unknown dates. The injured worker had complaints of aching, stinging, radiating, dull, cramping pain across both shoulders and down the right arm; sharp, shooting, stabbing, burning, and severe throbbing pain across the low back down to the feet. She rated the pain 0/10 in the shoulders and arm, rated it 8/10 across her back, and a 9/10 in her legs. The clinical note dated 07/09/2014 noted the injured worker had tenderness to palpation of the biceps tendon and AC joint, positive crepitus with passive range of motion of the knee, trigger points were palpated in the quadratus lumborum region, upper and lower trapezius region, and biceps tendon. There was tenderness along the medial aspect of the injured worker's knees bilaterally, paresthesias in digits 1, 2, 3 and 4 of the right hand, and digits 1 and 2 on the left hand. There was paresthesia in the lateral aspects of the legs bilaterally, deep tendon reflexes were symmetric and pathologic at 2/4 in the biceps, triceps, brachioradialis and patella bilaterally and, the ankles were 1/4 bilaterally. The injured worker had a positive Spurling's test, Adson's test, Hawkin's test, and Speed's test of the right, sacroiliac joint test bilaterally, and a slump test

bilaterally. Medications included Lyrica and oxycodone. The treatment plan included the physician's recommendation for flexion/extension views of the lumbosacral spine, Lyrica, oxycodone, and Amitiza. The rationale was not indicated within the medical records received. The Request for Authorization form was received on 07/14/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lyrica 150mg # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Page(s): 16-19..

**Decision rationale:** The request for Lyrica 150mg # 60 is not medically necessary. The injured worker had complaints of aching, stinging, radiating, dull, cramping pain across both shoulders and down the right arm; sharp, shooting, stabbing, burning, and severe throbbing pain across the low back down to the feet. The Official Disability Guidelines recommend Lyrica for neuropathic pain, directed at postherpetic neuralgia, fibromyalgia, and painful polyneuropathy with diabetic polyneuropathy being the most common example. There are few studies directed at central pain, and none for painful radiculopathy with the use of Lyrica. Lyrica has been documented to be effective in treatment for diabetic neuropathy and postherpetic neuralgia. The FDA has approved Lyrica for both indications and is considered first line treatment. There is a lack of documentation indicating the injured worker has neuropathic pain with postherpetic neuralgia, fibromyalgia, or painful polyneuropathy. The injured worker is noted to have lumbar radiculitis for which Lyrica is not recommended by the guidelines. Additionally, the request as submitted did not specify a frequency for the medication's use. As such, the request is not medically necessary.

**Oxycodone 5mg # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for Oxycodone 5mg # 60 is not medically necessary. The injured worker had complaints of aching, stinging, radiating, dull, cramping pain across both shoulders and down the right arm; sharp, shooting, stabbing, burning, and severe throbbing pain across the low back down to the feet. The California MTUS Guidelines indicate the lowest possible dose should be prescribed to improve pain and function with opioid use. Oxycodone is recommended for a short term use of 16 weeks or less. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be noted. Pain

assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There is a lack of documentation of the injured worker's pain relief, functional status, and appropriate medication use. The guidelines indicate the pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, and how long it takes for pain relief. However, there is a lack of documentation of an accurate pain assessment. Furthermore, the injured worker is noted to have been prescribed oxycodone since the 04/22/2014 examination, which exceeds the recommended guidelines of a short term use of 16 weeks. Additionally, the request as submitted did not specify a frequency for the medication's use. As such, the request is not medically necessary.