

<b>Case Number:</b>	CM14-0097504		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	03/08/2002
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 60-year-old female who reported an injury on 03/08/2003 due to an unknown mechanism. Her diagnoses were cervical radiculopathy, cervical strain, lumbar radiculopathy, and low back pain. The physical examination on 07/11/2014 revealed the injured worker was status post lumbar epidural steroid injection. The injured worker rated her pain without medications at 6 on a scale of 1 to 10. The quality of sleep was poor. The activity level had increased. The examination of the cervical spine revealed range of motion was restricted and limited. Tenderness was noted at the paracervical muscles, rhomboids, and trapezius. Spurling's maneuver produced no pain in the neck musculature or radicular symptoms in the arm. The examination of the lumbar spine revealed range of motion was restricted and range of motion was limited. The lumbar facet loading was positive on the left side. The straight leg raising test was positive on the right side in the sitting position at 100 degrees and on the left side in the sitting position at 80 degrees. Medications were Norco, Lyrica, and Flexeril. The rationale and Request for Authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 100mg Qty 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Page(s): 16, 17.

**Decision rationale:** The decision for Lyrica 100 mg quantity 60 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend antiepilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. There was not an objective decrease in pain of 30% to 50% reported. The request did not indicate a frequency for the medication. The clinical information submitted for review did not provide evidence to justify continued use. Therefore, the request for Lyrica 100mg, Qty 60 is not medically necessary.

**Norco 10/325mg Qty 90:** Upheld

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

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

**Decision rationale:** The decision for Norco 10/325 mg quantity 90 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids, such as Norco, for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's (including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The 4 A's for ongoing management of an opioid medication were not reported. The request does not indicate a frequency for the medication. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, the request for Norco 10/325mg Qty 90 is not medically necessary.