

Case Number:	CM15-0111517		
Date Assigned:	06/18/2015	Date of Injury:	11/07/2003
Decision Date:	07/16/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46-year-old female, with a reported date of injury of 11/07/2003. The diagnoses include low back pain, lumbar intervertebral disc, neck pain, shoulder sprain/strain, cervicobrachial syndrome, myofascial pain, cervical disc displacement, lumbar radiculopathy, rotator cuff injury, and chronic pain syndrome. Treatments to date have included psychological treatment, lumbar transforaminal epidural steroid injections on 10/24/2012, lumbar epidurogram on 10/24/2012, oral medications, and massage. The progress report dated 04/08/2015 indicates that the injured worker rated her pain 8 out of 10 and stated that her right hand continued to swell. There was no change in the symptoms of right hand welling, neck pain, shoulder pain, and low back pain with radiation to the left leg. A urine toxicology screen was done on the day of the visit. Her disability status includes permanent and stationary/maximum medical improvement. The progress report dated 05/06/2015 indicates that the injured worker stopped taking Naprosyn since it was not helping and she tried Gabapentin in the past, but it left her with a very dry mouth. The injured worker had never tried Lyrica. She had an increase in pain over the previous two days when she had been out of Norco. The injured worker urine drug screen was positive for oxycodone, and she denied the use of anything but the Norco and Gabapentin. She had mostly low back pain pointing to interest by the ligament between L5 and S1. The injured worker rated her pain 8 out of 10. The injured worker took Norco twice a day, and reported that it had allowed her to continue working. The physical examination showed moderate pain, a normal gait, head was forward, shoulders were protracted, slumped, abnormal curvature of the lumbar spine, restricted lumbar range of motion, spinous process tenderness on L5-S1, and interspinous ligament tenderness to palpation. The treatment plan included a trial of Lyrica, and was given 15 Norco pills to help wean off. It was noted that the urine drug screen did not show Norco. The injured worker was instructed that the treating physician was unable to give more Norco when the urine showed that she was taking other things. The injured worker

remained permanent and stationary/maximum medical improvement. The treating physician requested Lyrica 50mg #60 with one refill and Norco 10/325mg #60. The rationale include neuropathic pain, didn't tolerate Gabapentin, and weaning of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50 mg Qty 60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Antiepilepsy drugs (AEDs), (2) Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for neck, shoulder, hand, and radiating low back pain. When seen she had increased pain after running out of Norco. Prior medications had included gabapentin with side effects. There was decreased lumbar spine range of motion with tenderness. There was a normal blood pressure and heart rate. Urine drug screening was reviewed and had been positive for oxycodone and negative for Norco. A trial of Lyrica was started. Norco for weaning was prescribed. Antiepilepsy drugs such as Lyrica are recommended for neuropathic pain. Initial dosing of Lyrica is 50 mg three times per day with a maximum dose of up to 600 mg per day. In this case, the requested dosing is consistent with guideline recommendations and medically necessary.

Norco 10/325 mg Qty 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): 76-80.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for neck, shoulder, hand, and radiating low back pain. When seen she had increased pain after running out of Norco. Prior medications had included gabapentin with side effects. There was decreased lumbar spine range of motion with tenderness. There was a normal blood pressure and heart rate. Urine drug screening was reviewed and had been positive for oxycodone and negative for Norco. A trial of Lyrica was started. Norco for weaning was prescribed. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management and was planned for discontinuance after urine drug screening results were negative for this medication. When seen, there were no reported signs or symptoms of withdrawal. Since the claimant was apparently not taking this medication, prescribing of Norco was not medically necessary.