

<b>Case Number:</b>	CM15-0123944		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	01/12/1995
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 55 year old female, who sustained an industrial injury on 1/12/1995. Diagnoses include lumbago, lumbar post laminectomy syndrome, cervical radiculitis, cervicgia and sacroiliitis. Treatment to date has included surgical intervention (lumbar laminectomy) and conservative care including medications including Norco, Lyrica and Prilosec. Per the Primary Treating Physician's Progress Report dated 5/14/2015 the injured worker reported low back pain, neck pain and upper and lower extremity radicular pain. She underwent lithotripsy two days prior to examination. Physical examination revealed tenderness to palpation over the lumbosacral spine and pain with flexion at 70 degrees. There was 4+ left sacroiliac joint tenderness and diffuse weakness in the right upper extremity noted. The plan of care included medications and authorization was requested for Lyrica, Norco and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Lyrica 150mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica  
Page(s): 19-20.

**Decision rationale:** The MTUS discusses use of Lyrica (pregabalin) in chronic pain as it 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. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. This medication also has an anti-anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In this case, prior use of the drug has occurred without evidence of functional improvement, which led to non-certification by utilization review. This is reasonable based on the provided documents to facilitate weaning, as the medication has already been dispensed, and therefore the request is not medically necessary.

**Retro: Norco 10/325mg #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 74-96.

**Decision rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably non-certified the request to facilitate appropriate weaning as the drug has already been dispensed. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Norco is not medically necessary.

**Retro: Prilosec 20mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 68-69.

**Decision rationale:** The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. There is no formal objective evidence on the physical exam, etc. documenting specific gastrointestinal symptoms or findings in the provided records, but it appears that prior gastrointestinal concerns have been appropriately managed with Prilosec. It appears that Utilization Review non-certified 60 tablets of the medication stating that it would have resulted in more than 20mg daily, but the provided documents indicate that it was dosed appropriately at 20mg daily. It is the opinion of this reviewer that the request for Omeprazole being non-certified is not necessary as dosing of 20mg PO QD is appropriate. Therefore the request is medically necessary given the provided information at this time.