

Case Number:	CM15-0173539		
Date Assigned:	09/15/2015	Date of Injury:	01/28/2010
Decision Date:	10/20/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	09/02/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 50 year old female, who sustained an industrial injury on 01/28/2010. She has reported injury to the neck, shoulders, right wrist, and low back. The diagnoses have included cervical spine sprain-strain syndrome; right cervical radiculopathy secondary to disc protrusion at the C5-C6 level; bilateral shoulder sprain-strain syndrome; right wrist crush syndrome; right wrist carpal tunnel syndrome; and lumbar spine sprain-strain syndrome. Treatment to date has included medications and diagnostics. Medications have included Norco, MS Contin, Soma, Lyrica, Cymbalta, and Ativan. A progress report from the treating physician, dated 03/16/2015, documented a follow-up visit with the injured worker. The injured worker reported that she continued to have numbness in both legs, left side is worsened; the medications are not helping her; she is also having pain in the neck and shoulders; the pain radiates to her upper and lower extremities; prolonged walking, sitting, and standing worsen her pain; during the course of the performance of activities of daily living, there is still a significant amount of pain and stiffness of the cervical and lumbar spine, as well as her upper and lower extremities; severe pain in her neck and lower back; lying down at night she feels heaviness in her legs and neck; and her pain is rated at 8 out of 10 in intensity on the visual analog scale. Objective findings included MRI of the lumbar spine, dated 04-05-2013, revealed L3-L4, left greater than right bulge or protrusion with mild to moderate left and mild right neural foraminal stenosis, and L4-L5, right foraminal protrusion with an annular tear; EMG (electromyography) nerve conduction shows moderate right C5-C6 radiculopathy; MRI shows broad-based disc protrusion at the C4-C5 and C5-C6 levels with moderate canal stenosis; she is stable on her current

medication regimen; and there are no significant changes since the last visit. The treatment plan has included the request for Lyrica 300mg quantity 60; Norco 10-325mg quantity 120; and Soma 350mg quantity 90. The original utilization review, dated 08-03-2015, non-certified a request for Lyrica 300mg quantity 60; Norco 10-325mg quantity 120; and Soma 350mg quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 300mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs), Pregabalin (Lyrica).

Decision rationale: Regarding request for pregabalin (Lyrica), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. In the absence of such documentation, the currently requested pregabalin (Lyrica) is not medically necessary.

Norco 10/325mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the

medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

Soma 350mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the carisoprodol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested carisoprodol (Soma) is not medically necessary.