

<b>Case Number:</b>	CM15-0022197		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	10/09/2013
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, 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 57-year-old male who sustained an industrial injury on 10/09/2013. Current diagnoses include inflammatory process of the right shoulder with stiff shoulder syndrome and myoligamentous strain of the lumbar spine with radicular symptoms into the bilateral lower extremities. Previous treatments included medication management, TENS unit, moist heat, and cold packs. Report dated 12/22/2014 noted that the injured worker presented with complaints that included constant severe right shoulder pain and back pain that radiates down to his feet and lower legs. Physical examination was positive for abnormal findings. Utilization review performed on 02/04/2015 non-certified a prescription for Oxycodone, refill of Lyrica x 2, and arterial ultrasound of the bilateral lower extremities, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Refill of Lyrica 100mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-22.

**Decision rationale:** Lyrica (pregabalin) is a medication in the antiepilepsy class. The MTUS Guidelines and FDA support its use in treating diabetic neuropathy, postherpetic neuralgia, fibromyalgia, and partial seizures. It can have euphoric and anti-anxiety side effects. When this medication is no longer providing benefit, the Guidelines support weaning over one week to avoid withdrawal effects. The submitted and reviewed documentation indicated the worker was experiencing right shoulder pain and back pain that went into the legs. There was no suggestion the worker had any of the above conditions. Further, there was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 180 tablets of Lyrica (pregabalin) 100mg is not medically necessary. A one-week wean should be able to be accommodated in the medication the worker already had available.

**Refill of Lyrica 100mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-22.

**Decision rationale:** Lyrica (pregabalin) is a medication in the antiepilepsy class. The MTUS Guidelines and FDA support its use in treating diabetic neuropathy, postherpetic neuralgia, fibromyalgia, and partial seizures. It can have euphoric and anti-anxiety side effects. When this medication is no longer providing benefit, the Guidelines support weaning over one week to avoid withdrawal effects. The submitted and reviewed documentation indicated the worker was experiencing right shoulder pain and back pain that went into the legs. There was no suggestion the worker had any of the above conditions. Further, there was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 180 tablets of Lyrica (pregabalin) 100mg is not medically necessary. A one-week wean should be able to be accommodated in the medication the worker already had available.

**Oxycodone/acet 5/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

**Decision rationale:** Oxycodone with acetaminophen is a medication in the opioid and general pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medication

should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts. An ongoing review of the overall situation should be continued with special attention paid to the continued need for this medication, potential abuse or misuse of the medication, and non-opioid methods for pain management. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. Consideration for consultation with a multidisciplinary pain clinic or weaning off the medication is encouraged if the pain does not improve with opioid therapy within three months or when these criteria are not met. An individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed documentation indicated that the worker was experiencing right shoulder pain and back pain that went into the legs. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no indication the worker had improved pain intensity or function with this medication or the degree of improvement, exploration of potential negative side effects, or description of how long any benefit lasted. In the absence of such evidence, the current request for ninety tablets of oxycodone with acetaminophen 5/325mg is not medically necessary. Because the potentially serious risks significantly outweigh the benefits in this situation based on the submitted documentation and because the worker was taking this medication only as needed, an individualized taper should be able to be completed with the medication the worker has available.

**Arterial ultrasound of the bilateral lower extremity Qty2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US Department of Health and Human Services National Guideline Clearinghouse: last updated 12/8/11.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mohler ER, et al. Noninvasive diagnosis of arterial disease. Topic 8201, version 15.0. UpToDate, accessed 04/07/2015.

**Decision rationale:** The MTUS Guidelines are silent on this issue. Arterial ultrasound uses sound waves to make pictures showing how arteries, such as those in the legs, are working. The literature supports using this study to screen people who have risk factors for arterial disease, confirm arterial disease that is suggested by symptoms and examination findings, evaluate the arteries before a blood vessel surgery, monitor the condition after a procedure for a blood vessel problem, or identify an injury to a blood vessel after trauma. The submitted and reviewed documentation indicated that the worker was experiencing right shoulder pain and back pain that went into the legs. There was no discussion suggesting the worker had risk factors or arterial disease, documented findings significantly suspicious for this condition, or any of the other issues stated above. Further, there was no discussion describing special circumstances that

sufficiently supported this request. In the absence of such evidence, the current request for an arterial ultrasound of both legs is not medically necessary.