

<b>Case Number:</b>	CM15-0062646		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	04/11/1998
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 63 year old female patient who sustained an industrial injury on 04/11/1998. Diagnoses include cervical facet syndrome, cervical pain, cervical radiculopathy, shoulder pain and carpal tunnel syndrome. She sustained the injury due to cumulative trauma. Per the physician progress note dated 03/18/2015 she had complains of upper back, mid back and bilateral upper extremity pain. Per the physician progress note dated 02/25/2015 she had complains of upper back, mid back and bilateral upper extremity pain. Pain has remained unchanged since last visit. Pain is rated as a 4 on a scale of 1-10 with medications, and a 7 on a scale of 1-10 without medications. Activity level is the same, and her medications are working well. She does have poor sleep due to an exacerbation of acute on chronic thoracic pain. She is requesting another muscle relaxant at this time. Physical examination revealed an antalgic gait, restricted cervical spine range of motion with flexion and extension; the paravertebral muscles- hypertonicity, spasm, tenderness, tight muscle band and trigger point on both sides; the thoracic spine- tenderness of the paravertebral muscle on both sides, mid-lower thoracic muscle spasms and trigger point with radiation pain and twitch response on palpation at trapezius muscle left. The medications list includes senokot, flexeril, kadian ER, lyrica, norco, colace and metformin. She has undergone right carpal tunnel release on 2/27/1999, right ulnar nerve transposition on 8/1/2003, left shoulder arthroscopy on 3/22/2001, left rotator cuff repair on 8/30/2001 and 1/16/2003 and left carpal tunnel release on 4/24/2003. She has had cervical MRI on 11/1/2007 and 11/27/2012, which revealed degenerative changes. She has had acupuncture, and physical therapy for this injury. She has had last urine drug screen on 4/30/2014 with consistent results.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine sul cap 20mg ER day supply: 30 quantity: 60 Rx date: 03/02/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 75-80 Morphine sulfate is an opioid analgesic.

**Decision rationale:** Request: Morphine sul cap 20mg ER day supply: 30 quantity: 60 Rx date: 03/02/2015. According to CA MTUS guidelines cited above, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. Response to antidepressant or lower potency opioid for chronic pain is not specified in the records provided. Patient had last urine drug screen on 4/30/2014. A recent urine drug screen report is not specified in the records provided. With this, it is deemed that this patient does not meet criteria for the ongoing use of opioid analgesics. The medical necessity of Morphine sul cap 20mg ER day supply: 30 quantity: 60 Rx date: 03/02/2015 is not established for this patient at this time. Therefore, the requested medical treatment is not medically necessary.

**Lyrica cap 150mg day supply: 30 quantity: 60 Rx date: 03/02/2015:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs (AEDs) / anti-convulsant drugs Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), page 16 Pregabalin (Lyrica, no generic available), page 19.

**Decision rationale:** Request: Lyrica cap 150mg day supply: 30 quantity: 60 Rx date: 03/02/2015. Lyrica is an anti-epilepsy medication. According to MTUS chronic pain guidelines, anti-epilepsy drugs are recommended for neuropathic pain (pain due to nerve damage). Lyrica has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. As mentioned above the patient had chronic back pain with objective findings of tenderness, spasm and limited range of motion. Patient has a history of multiple surgeries. Lyrica is medically appropriate and necessary in such a clinical situation. The request of Lyrica cap 150mg day supply: 30 quantity: 60 Rx date: 03/02/2015 is medically necessary and appropriate for this patient.

**Hydrocodone / acetaminophen tab 10-325mg day supply: 30 quantity: 120 Rx date: 03/02/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 75-80 Hydrocodone is an opioid analgesic.

**Decision rationale:** Request: Hydrocodone / acetaminophen tab 10-325mg day supply: 30 quantity: 120 Rx date: 03/02/2015. According to CA MTUS guidelines cited above, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. Response to antidepressant or lower potency opioid for chronic pain is not specified in the records provided. Patient had last urine drug screen on 4/30/2014. A recent urine drug screen report is not specified in the records provided. With this, it is deemed that this patient does not meet criteria for the ongoing use of opioid analgesics. The medical necessity of Hydrocodone / acetaminophen tab 10-325mg day supply: 30 quantity: 120 Rx date: 03/02/2015 is not established for this patient at this time. Therefore, the requested medical treatment is not medically necessary.