

<b>Case Number:</b>	CM15-0071477		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	11/13/1998
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 37-year-old male who reported an industrial injury on 11/13/1998. His diagnoses, and/or impressions, are noted to include: advanced lumbar degeneration with mild disc degeneration; chronic lumbar radiculopathy without evidence of active stenosis and probable permanent nerve damage, and status-post lumbar laminectomy syndrome; chronic pain syndrome; and opiate dependence. Recent magnetic imaging studies were stated to have been done in 10/2014, computed tomography studies of the lumbar spine on 5/14/2014, and electromyogram with nerve conduction velocity studies on 5/14/2014. His treatments have included lumbosacral fusion with subsequent revision infusion (2003 & 2004); H-wave therapy; completion of a multi-disciplinary pain rehabilitation program (11/2014); medication management; and rest from work. The progress notes of 3/25/2015 note complaints of unimproved, moderate and constant radiating low back pain, into the legs, right > left, aggravated by activity and improved with medications and the topical analgesic cream. The objective findings were noted to include decreased range-of-motion and diffuse tenderness in the bilateral para-spinal muscles of the low back. The physician's requests for treatments were noted to include the continuation of Lyrica for weaning, the topical analgesic cream, and MS Contin to help him get up and be active with his activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Lyrica 150mg #77: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Pregabalin (Lyrica) Page(s): 16-17, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-epilepsy drugs (AEDs) for pain.

**Decision rationale:** MTUS and ODG state that "Pregabalin (Lyrica) 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. Pregabalin was also approved to treat fibromyalgia. See Anti-epilepsy drugs (AEDs) for general guidelines, as well as specific Pregabalin listing for more information and references." MTUS additionally comments "Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants. Recommended for neuropathic pain (pain due to nerve damage). A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the 'trigger' for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) 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 patient appears to have established neuropathic pain for which Lyrica is an appropriate medication. The medical record provided indicates this patient has had at least a 30% reduction in pain and increased functional improvement with the use of this medication. As such, the request for 1 prescription of Lyrica 150mg #77 is medically necessary.

**1 prescription of MS Contin 15mg #30: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids.

**Decision rationale:** MS Contin is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the

patient's decreased pain, increased level of function, or improved quality of life." The treating physician does document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function and improved quality of life. As such, the request for 1 prescription of MS Contin 15mg #30 is medically necessary.