

Case Number:	CM15-0091805		
Date Assigned:	05/18/2015	Date of Injury:	11/13/2000
Decision Date:	06/19/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/12/2015

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:

The injured worker is a (n) 45 year old female, who sustained an industrial injury on 11/13/00. She reported pain in the lower back related to a slip and fall accident. The injured worker was diagnosed as having chronic radicular low back pain, status post lumbar fusion, spondylolisthesis at L3-L4 and sciatica. Treatment to date has included an EMG study, a lumbar MRI on 3/16/15, physical therapy, several lumbar epidural injections and Norco (since at least 11/6/07) and Lyrica (since 3/12/15). As of the PR2 dated 4/24/15, the injured worker reports moderate to severe pain in the lower back. She rates her pain 8/10 at worst. Objective findings include a negative straight leg raise test, lumbar flexion 40 degrees, extension 20 degrees and lateral 20 degrees bilaterally. The treating physician requested to continue Lyrica 100mg #30 and Norco 10/325mg. The patient's surgical history include lumbar fusion and hardware removal. The patient has had EMG study on 4/1/15 of LE that was normal; EMG on 1/24/2001 that revealed left S1 radiculopathy; MRI of the low back on 1/29/2001 that revealed disc bulge. The patient has had UDS test that was consistent. The medication list include Gabapentin, Norco, Cymbalta, Lyrica and Meloxicam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16 and 19.

Decision rationale: Lyrica 100mg #30 Lyrica is an anti-epilepsy medication. According to MTUS chronic pain guidelines regarding antiepileptic recommended for neuropathic pain (pain due to nerve damage). Regarding Lyrica/Pregabalin, Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In June 2007 the FDA announced the approval of Pregabalin as the first approved treatment for fibromyalgia. The injured worker was diagnosed as having chronic radicular low back pain, status post lumbar fusion, spondylolisthesis at L3-L4 and sciatica. As of the PR2 dated 4/24/15, the injured worker reports moderate to severe pain in the lower back. She rates her pain 8/10 at worst. The patient's surgical history include lumbar fusion and hardware removal The patient has had EMG on 1/24/2001 that revealed left S1 radiculopathy; MRI of the low back on 1/29/2001 that revealed disc bulge The patient therefore has chronic myofascial pain along with neurological involvement It is deemed Lyrica 100mg #30 is medically appropriate and necessary.

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use of Opioids Therapeutic Trial of Opioids Page(s): 76-80.

Decision rationale: Norco 10/325mg Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, 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 patient has set goals regarding the use of opioid analgesic. A 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 the 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 records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. The level of pain control with lower potency opioids like tramadol and other non-opioid medications, without the use of Norco, was not specified in the records provided As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain

translated into objective functional improvement including ability to work is not specified in the records provided with this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg is not established for this patient.