

Case Number:	CM15-0096177		
Date Assigned:	05/26/2015	Date of Injury:	05/29/2008
Decision Date:	06/30/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/19/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old male, with a reported date of injury of 05/29/2008. The diagnoses include lumbar post-laminectomy pain syndrome, lumbar radiculopathy, and chronic pain syndrome. Treatments to date have included Norco, Celebrex, Omeprazole, Doculase, Lyrica, x-rays of the lumbar spine which showed no new fractures and previous lumbar laminectomy and fusion, and an MRI of the lumbar spine which showed mild facet hypertrophy, mild bilateral neural foraminal narrowing, slight increased listhesis of L5 on S1, and scar tissue in the lateral recesses at L5-S1. The progress report dated 04/14/2015 indicates that the injured worker complained of low back pain, and stated that the pain radiated down both of his legs. He also states that his left leg was worse. Numbness and tingling down the left leg to the foot and in the right foot was reported. The injured worker rated his low back pain 6-9 out of 10. He stated that his pain level without medication was over 10 out of 10, and would drop to 7-8 out of 10 with medication. He stated that the Norco helped alleviate his pain, and the Lyrica helped with the numbness and tingling. The injured worker also stated that with taking these medications he was able to sleep, walk for about 30 minutes, and try to have a normal day. It was noted that a refill was needed. The objective findings include normal strength in both legs, positive bilateral straight leg raise test, severe decreased lumbar extension due to pain, severe palpable spasms of the bilateral lumbar musculature with positive twitch response, a waddling gait, and use of a walker. The progress report dated 03/16/2015 indicates that the injured worker stated that his pain level without taking pain medication would be 10 out of 10; and with medication, the pain level would drop down to 7-8 out of 10. The treating physician requested Norco 10/325mg #180 and

Lyrice 100mg #90. It was noted that the injured worker had a signed narcotic agreement on file, he did not show abnormal drug seeking behavior, and his urine drug screen was consistent with the prescription medications. The plan was for the injured worker to follow-up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, 1-2 tablets three times a day as needed for pain, #180 with 0 refills:
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 rationale: The patient presents with diagnoses of post lumbar post-laminectomy syndrome, lumbar radiculopathy and chronic pain syndrome. The patient currently complains of low back pain with pain radiating down both legs along with numbness and tingling down the left leg to the foot and in the right foot as well. The current request is for Norco 10/325mg, 1-2 tablets 3 times a day, #180. The treating physician states on 4/14/15 (15B) "patient will continue Norco 10/325 1-2 tabs so to PRN breakthrough pain #180 to improve pain and function. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the physician clearly documents in the 4/14/15 report that the patient's pain is decreased and there is improved functional ability to perform ADLs. Additionally there is lack of adverse side effects and aberrant behaviors while on his current medication regimen. Therefore, the current request is medically necessary and recommendation is for authorization.

Lyrice 100mg, 1 capsule, three times a day for 30-days, #90 with 0 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrice) Page(s): 99.

Decision rationale: The patient presents with diagnoses of lumbar post-laminectomy pain syndrome, lumbar radiculopathy and chronic pain syndrome. The patient currently complains of low back pain with pain radiating down both legs along with numbness and tingling down the left leg to the foot and in the right foot as well. The current request is for Lyrice 100mg, 1 capsule 3 times a day for 30-days, #90 with 0 refills. Lyrice (pregabalin) is an anti-epileptic

drug, also called an anticonvulsant. It works by slowing down impulses in the brain that cause seizures. Lyrica also affects chemicals in the brain that send pain signals across the nervous system. The treating physician states on 4/14/15 (15B) "patient will continue lyrica 100mg pot id #90 for neuropathic pain." MTUS guidelines support the usage of Lyrica for neuropathic pain, diabetic neuropathy and postherpetic neuralgia. In this case, the treating physician has documented the patient's neuropathic pain is decreased with Lyrica usage and there is improved ability to perform ADLs. Therefore, the current request is medically necessary and the recommendation is for authorization.