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| <b>Case Number:</b>   | CM15-0097150 |                              |            |
| <b>Date Assigned:</b> | 05/27/2015   | <b>Date of Injury:</b>       | 09/15/1994 |
| <b>Decision Date:</b> | 06/29/2015   | <b>UR Denial Date:</b>       | 05/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/20/2015 |

### 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) 60 year old male, who sustained an industrial injury on 9/15/94. He reported pain in his lower back. The injured worker was diagnosed as having status post lumbar spine surgery and low back pain. Treatment to date has included a lumbar MRI. Current medications include Norco and Lyrica (since at least 11/24/14). On 1/29/15, the injured worker rated his pain 7/10 in the lower back with radiation down into the legs and feet. As of the PR2 dated 4/28/15, the injured worker reports no side effect from medications. The treating physician would like to taper the injured worker's medication, but fears there would be a lot of resistance. The treating physician requested Lyrica 100mg #90 and Norco 10/325mg #90. The medication list includes Norco, Lyrica and Lidoderm patch. Physical examination revealed on 2/26/15 revealed normal reflexes, motor examination and normal heel toe gait. Any diagnostic imaging report was not specified in the records provided. Any operative note was not specified in the records provided. A recent detailed physical examination of the low back was not specified in the records provided. A recent urine drug screen report was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 100mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (Pregabalin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 19.

**Decision rationale:** Request: Lyrica 100mg #90 Lyrica is an antiepilepsy medication. According to MTUS chronic pain guidelines, regarding antiepileptics, 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. He reported pain in his lower back. The injured worker is status post lumbar spine surgery and had pain 7/10 in the lower back with radiation down into the legs and feet. The patient therefore has chronic myofascial pain along with possible neurological involvement. It is deemed that Lyrica 100mg #90 is medically appropriate and necessary in this patient.

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines - Opioids, criteria for use: page 76-80 Criteria For Use Of Opioids Therapeutic Trial of Opioids.

**Decision rationale:** Norco 10/325mg #90 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 nonopioid 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 nonopioid 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. A recent urine drug screen report was 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 #90 is not established for this patient.