

<b>Case Number:</b>	CM14-0148971		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	05/14/2010
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 40-year old woman reported injuries to multiple body parts after stepping in hole with right foot, twisting the foot and falling on 5/14/10. (The records contain only is a single clinical note dated 8/6/14, so most of the background information in this summary was obtained from the 8/14/14 UR report.) At the time of the injury the patient was obese. Treatment has included physical therapy, aquatic therapy, art therapy, sural nerve injections, and implantation of a spinal cord stimulator. She has participated in a weight loss program, a medication detoxification program, and has attended support groups. She is a graduate of a functional recovery program, and continues to follow up with them. The 8/6/14 progress note is from the program, and is signed by a nurse practitioner. It states that the patient is in constant 8/10 burning pain in all 4 limbs. The patient's ophthalmologist has told her that she has a dry eye syndrome and advised her to discontinue her Lyrica. The patient rides a stationary bike, walks to the dog park, and does exercises and stretches at home. Physical findings include swelling and coldness of both feet, reddish lesions all over both lower extremities, antalgic gait. Diagnoses include anxiety state, psychophysiological disorder, Psychalgia, depressive disorder, reflex sympathetic dystrophy of lower extremity, and fibromyositis. Although the provider notes that she plans to discontinue Lyrica and substitute Neurontin, the list of medications prescribed inexplicably contains Neurontin and Lyrica, as well as Cymbalta, Ibuprofen, Norco 5 and Promethazine. The Norco and Lyrica were denied in UR on 8/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg QTY: 30.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91, 78-80, and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Criteria for Use of Opioids, Steps to Take Before a Therapeutic Tr.

**Decision rationale:** Per the MTUS recommendations cited above, medications should be trialed one at a time while other treatments are held constant, with careful assessment of function, and there should be functional improvement with each medication in order to continue it. If opioids are used, it is recommended that goals for pain and function be set and monitored. Opioids should be discontinued if there is no improvement in function. If long-term use of opioids occurs, there is a need for ongoing pain and function assessments, as well as assessments for side effects, physical and psychological functioning, of concurrent other treatments, and for the occurrence of aberrant drug behavior. There is not enough clinical information available in this case to establish whether or not the above guidelines have been followed. There is no documentation in the records of any functional goals, or of any improvement in function due to the use of Norco. There is no documentation of pain control or of assessment of side effects. The UR physician did not certify Norco in part because it is unclear how much Norco the patient is taking over time, and the provider's office did not supply that information on request. Since this patient went through a detoxification program, she can be presumed to have had problems with opioid dependence or addiction. It would be important in that case to closely monitor her current opioid use and the possibility that she is exhibiting aberrant behavior. There is no evidence in the documentation available that any of these issues have been addressed. Based on the evidence-based references cited above and the clinical findings in this case, Norco 5/325 #30 is not medically necessary because there is no documentation of appropriate monitoring of pain response, functional improvement, side effects or possible aberrant behavior.

**Lyrica 50mg QTY: 720.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 17.

**Decision rationale:** Per the guideline cited above, the continued use of AEDs depends on improved outcomes versus the tolerability of adverse effects. In this case, Lyrica has caused unacceptable side effects, and the treating provider agreed to discontinue it and substitute Gabapentin. It is unclear why she then wrote prescriptions for both drugs. Based on the guideline cited above and the clinical findings in this case, Lyrica 50 mg #720 is not medically necessary because it should have been discontinued due to unacceptable side effects.

