

Case Number:	CM15-0103565		
Date Assigned:	06/17/2015	Date of Injury:	09/11/2002
Decision Date:	10/19/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/29/2015

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: Massachusetts

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

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 57 year old male who sustained an industrial injury on 9-11-02. A review of the medical records indicates he is undergoing treatment for post cervical laminectomy syndrome, shoulder pain, thoracic disc degeneration, elbow pain, thoracic pain, and spasm of muscle. Medical records (2-25-15 to 4-22-15) indicate ongoing complaints of neck pain, upper back pain, and lower "backache". He rates the pain 7 out of 10 (4-22-15). The physical exam (4-22-15) indicates restricted cervical spine range of motion with flexion to 30 degrees and extension to 20 degrees. Tenderness is noted at the paracervical muscles, rhomboids, trapezius, and under the left scapula and lateral border. The treating provider indicates "Spurling's maneuver causes pain in the muscles of the neck but no radicular symptoms." The thoracic spine is noted to have spasm, tenderness and "tight muscle band" of the paravertebral muscles. The left shoulder range of motion is restricted with pain, and the left elbow range of motions is "severely limited on supination and pronation." Tinel's sign is positive. Decreased sensation is noted over the ring finger, little finger and medial hand on the left side. Diagnostic studies have included an MRI of the cervical and thoracic spine on 12-12-09 and of the thoracic spine on 12- 21-10. Treatment has included left shoulder surgery on 4-20-07, cervical fusion of C5-C7 on 8- 30-05, oral medications, and a thoracic epidural steroid injection on 6-16-08. His medications include Lyrica 75mg twice daily, Lidoderm 5% patch, 1 patch daily, Remeron 15mg at bedtime, Seroquel 25mg at bedtime as needed, Zanaflex 4mg three times daily as needed, and Norco 10- 325, 1 tablet three times daily as needed. His function, including household tasks - laundry, meal preparation, and self-care, writing and

computer use, as well as grocery shopping is noted to be improved with the use of his medications. The treating provider states that he "continues to experience functional benefit from medications with improved capability for daily household tasks". The provider also states he "is stable on current medication regimen and has not changed essential regimen in greater than six months". The pain agreement was reviewed with the injured worker. The utilization review (4-29-15) indicates treatment requests of Norco 10-325, #90, Zanaflex 4mg, #90, and Lyrica 75mg, #300. The Lyrica was modified to a quantity of 60 due to "no clear description of neuropathic pain and no physical exam findings consistent with that diagnosis". It also indicates that the request was "modified to a single months' treatment with future refills dependent upon documentation of the presence of neuropathic pain and benefit from the use of Lyrica".

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg quantity 300: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. *Pain*. 2001 Nov; 94 (2): 149-58.

Decision rationale: The claimant sustained a work injury in September 2002 and continues to be treated for neck, upper back, and low back pain and has a history of a multilevel cervical fusion in August 2005 and left shoulder surgery in April 2007. Medications are referenced as decreasing pain from 8/10 to 6-7/10 and as allowing for performance of household activities and self-care. When seen, his BMI was over 36. He appeared to be in mild pain. There was decreased and painful cervical spine range of motion with cervical and thoracic paraspinal muscle spasms, tenderness, and tightness. There was neck pain with Spurling's testing. There was decreased left shoulder and elbow range of motion with pain. Tinel's testing at the elbow was positive. Medications included Norco and Lyrica. A one-month supply of Norco was provided. Lyrica was refilled for six-month. Antiepilepsy drugs such as Lyrica are recommended for neuropathic pain. Initial dosing of Lyrica is 50 mg three times per day with a maximum dose of up to 600 mg per day. After initiation of treatment, there should be documentation of pain relief and improvement in function. In this case, the requested dosing is consistent with guideline recommendations and medications are providing what is considered a clinically significant degree of pain relief with improved function. Ongoing prescribing was medically necessary.