

<b>Case Number:</b>	CM14-0130990		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	03/29/2000
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Internal Medicine and is licensed to practice in New York. 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:

The claimant is a 64 yo female who sustained an industrial injury on 03/29/2000. The mechanism of injury was not provided for review. Her diagnoses include right knee pain s/p arthroscopic repair 11/05/2001, right shoulder pain s/p rotator cuff repair 03/04/2002, left total knee arthroplasty 04/10/2012, and lumbar surgery L2-L5 02/16/2013. She complains of diffuse pain. On exam there is pain to palpation of the thoracic spine, both shoulders, lumbar spine and left knee. There is painful range of the motion of both shoulders, the lumbar spine and the left knee. In addition to surgery treatment has included medical therapy and physical therapy. The treating provider has requested Lyrica 75mg # 60, Plaquenil 200mg # 60, Methotrexate 2.5 mg # 16, Calcium +D+K 750-500-40mg #30, and Glucosamine 500-400mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 75mg #60 DOS 02/28/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15, 20.

**Decision rationale:** The recommended medication, Lyrica is not medically necessary for the treatment of the patient's condition. Per the documentation there is no documentation the claimant has neuropathic pain related to her chronic pain condition. Per California MTUS Guidelines 2009 antiepilepsy medications are a first line treatment for neuropathic pain. Lyrica is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of neuropathic pain. A reported reduction in pain with the medical therapy would be defined as a 50% reduction which would represent a "good " response. Medical necessity has not been documented and the requested treatment is not medically necessary for treatment of the patient's chronic pain condition.

**Plaquenil 200mg #60 DOS 02/28/14: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Rheumatology 2013: Indications for Plaquenil.

**Decision rationale:** Hydroxychloroquine (Plaquenil) is considered a disease-modifying anti-rheumatic drug (DMARD) because it can decrease the pain and swelling of arthritis, and it may prevent joint damage and reduce the risk of long-term disability.-Hydroxychloroquine often is used for mild rheumatoid arthritis or in combination with other drugs for more severe disease.-Hydroxychloroquine is commonly used to manage multiple complications of lupus and connective tissue disorders.-Hydroxychloroquine is a relatively safe medication, though monitoring by an ophthalmologist is recommended while taking this drug.Hydroxychloroquine is in a class of medications that was first used to prevent and treat malaria. Today it is used to treat rheumatoid arthritis some symptoms of lupus juvenile rheumatoid arthritis, and other autoimmune diseases, though these diseases are not caused by malaria parasites.There is no documentation indicating the claimant has a collagen vascular process or rheumatoid arthritis. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Methotrexate 2.5mg #16 DOS 02/28/14: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:Medscape Internal Medicine 2013: Methotrexate.

**Decision rationale:** Methotrexate abbreviated MTX and formerly known as amethopterin, is an antimetabolite and an antifolate drug.It is used in treatment of cancer, autoimmune diseases, ectopic pregnancy, and for the induction of medical abortions. It acts by inhibiting the metabolism of folic acid. There is no documentation indicating the claimant has a collagen

vascular process or rheumatoid arthritis. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Calcium+D+K 750-500-40mg unit mcg #30 DOS 02/28/14:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine 2013: Nutritional Supplements.

**Decision rationale:** There is no documentaiton that the claimant has any nutritional defect. There was no laboratory test submitted that would necessitate the need for the requested specific supplementaiton. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Glucosamine 500-400mg #90 DOS 02/28/14:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

**Decision rationale:** There is documentation provided necessitaing continued treatment with Glucosamine Sulfate therapy. This therapy is recommended as an option in patients with moderate arthritis especially involving the knees. The claimant has osteoarthritis of the knees. There is documentation that to date the medication has improved his symptoms. Medical necessity for the requested treatment has been established. The requested treatment is medically necessary.