

<b>Case Number:</b>	CM14-0173604		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	04/30/1996
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 53 year-old male with the date of injury of 04/30/1996. The patient presents pain in his right foot and right ankle. The patient rates his pain as 4/10 with medication and 10/10 without medication. The patient drives walks with a cane/ walker. There is partial amputation of the right foot and hypersensitivity of the skin of the ankle and feet. The patient presents decreased range of right ankle motion. Per 07/15/2014 report, the patient is taking Ibuprofen, MS Contin and Percocet. The patient is permanently disabled. The patient has medical history of liver cirrhosis. Diagnoses as of 09/15/2014 include partial amputation of right foot, right ankle dja and neuropathic pain and allodynia. The utilization review determination being challenged is dated on 09/23/2014. Treatment reports were provided from 12/20/2013 to 09/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Percocet 10/325mg #180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 78,88-89.

**Decision rationale:** The patient presents with pain in his right foot and right ankle. The patient is s/p multiple surgeries, including left knee arthroscopy and transmetatarsal amputation of right foot (date of surgeries are not provided). The patient has been utilizing Percocet since at least 10/17/2013. Regarding chronic opiate use, MTUS guidelines page 88-89 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 4A's (analgesia, ADLs, adverse side effects, and adverse 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. Per 08/15/2014 report, the physician prescribes "Percocet for severe pain. With pain control he can do activities of daily living. Patient's pain is controlled with increasing Percocet. ADL is better. Patient's pain control is best with present meds it did not happen all the years [that] he had pain. No aberrant behavior or side effects of meds seen. Patient will [has] not take pain meds from any other provider or ER. "In this case, the physician provides general statements regarding Percocet's efficacy. However, there is no specific analgesia documented such as before and after pain scales; there is no specific ADL's, change in work status or use of validated instruments to show significant improvements; and no toxicology report is discussed addressing potential aberrant behavior. Given the lack of documentation of the four A's, recommendation is for denial and slow taper per MTUS.

**1 prescription of Lyrica 75mg:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Guidelines MTUS guidelines have the following regarding Lyrica: Pregabalin (Lyrica, no generi.

**Decision rationale:** The patient presents with pain in his right foot and right ankle. The patient is s/p multiple surgeries, including left knee arthroscopy and transmetatarsal amputation of right foot (date of surgeries are not provided). MTUS guidelines page 16-20 have the following regarding Lyrica: "Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both." In this case, the patient seems to have not tried Lyrica in the past. The patient does present with a clear diagnosis of neuropathic pain for which this medication may be indicated. Recommendation is for authorization.

**1 prescription of Motrin #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 67-68.

**Decision rationale:** The patient presents with pain in his right foot and right ankle. The patient is s/p multiple surgeries, including left knee arthroscopy and transmetatarsal amputation of right foot (date of surgeries are not provided). The patient has been utilizing Ibuprofen since at least 12/20/2013. MTUS guidelines page 67-68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term sympathetic relief. There are no reports that specifically discuss this request. There is no indication of exactly when the patient began taking Motrin or how Motrin has been helpful in terms of decreased pain or functional improvement. Furthermore, there is no indication of dosage of this medication. Given the lack of sufficient documentation demonstrating efficacy for chronic NSAIDs use, recommendation is for denial.