

<b>Case Number:</b>	CM14-0039860		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/04/2004
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 61-year-old male with a reported date of injury on 03/04/2004. His diagnoses were noted to include left knee degenerative joint disease, left knee medial meniscus tear, and left knee joint effusion. The mechanism of injury was not submitted within the medical records. His previous treatments were noted to include injections, physical therapy, and medications. The progress note dated 03/05/2014 revealed the injured worker complained of left knee pain rated 7/10, described as throbbing/dull and constant. The injured worker had left knee surgery on 02/12/2014 and it had improved the left knee pain. The physical examination revealed incisions healing appropriately to the left knee and decreased painful range of motion to the back. The request for authorization form was not submitted within the medical records. The request is for Lyrica 75 mg 1 to 2 tablets daily #60 and Pennsaid 1.5% #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 75mg 60 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines anti-epileptic drugs.

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

**Decision rationale:** The request for Lyrica 75mg 60 count is not medically necessary. The injured worker has been utilizing this medication since at least 10/2013. The California Chronic Pain Medical Treatment Guidelines recommend antiepilepsy drugs for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy. There are few random controlled trials directed at central pain and none for painful radiculopathy. There is a lack of documentation regarding neuropathic pain to warrant Lyrica. There is a lack of documentation regarding efficacy of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Pennsaid 1.5% 1 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for Pennsaid 1.5% 1 count is not medically necessary. The injured worker complained of knee pain postoperatively. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The Guidelines state the efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward or with a diminishing effect over another 2 week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study, the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. The Guidelines recommend Voltaren gel 1% for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for the treatment of the spine, hip, or shoulder. There is a lack of documentation regarding a diagnosis of osteoarthritis. The Guidelines recommend diclofenac 1% and the request for Pennsaid 1.5% exceeds Guideline recommendations. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.