

Case Number:	CM14-0040138		
Date Assigned:	06/27/2014	Date of Injury:	05/29/1992
Decision Date:	08/21/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/05/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 79-year-old female who reported an injury on 05/29/1992. The mechanism of injury was not provided with the documentation submitted for review. The injured worker's prior treatments were noted to be medications and surgical intervention. Her diagnoses were noted to be right knee degenerative joint disease, left total knee replacement/caused by arthrofibrosis, and neuropathic pain. A Primary Treating Physician's Progress Report dated 2/14/2014 found the injured worker with complaints of left knee pain. She stated she ran out of medication and she was having trouble getting to sleep because the pain was day and night. The objective findings indicated the right knee had full flexion and a well healed midline incision scar. The examination of the left knee revealed a well healed midline incision, 0 to 90 degrees flexion, minimal to no joint effusion. The treatment plan included refilling medications of Lyrica, Norco, and Flector patches. In addition, the injured worker will continue with local modalities and the use of the protective brace for support. The provider's rationale for the request was provided within the primary treating physician's Progress Report dated 02/14/2014. A request for authorization for medical treatment was provided with this review and dated 03/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg #60 1x2 daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS, Pregabalin (Lyrica) Page(s): 19-20.

Decision rationale: The request for Lyrica 150 mg quantity 60 1 x2 daily is non-certified. The California Chronic Pain Medical Treatment Guidelines state Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia. The FDA has approved both indications and considers Lyrica a first-line treatment. This medication is designated as a Schedule 5 controlled substance because of its causal relationship with euphoria. It is noted that the injured worker did not have recent use of Lyrica according to the primary treating physician's progress report dated 02/14/2014, she states she ran out of Lyrica months ago. Although it is not clear how many months ago, the guidelines suggest for neuropathic pain beginning Lyrica with a dose of 50 mg 3 times a day, and this may be increased in 1 week based on tolerability and effect, to a maximum of 300 mg a day. The provider's request is for Lyrica 150 mg 1 x2 daily. According to the guidelines, the dose is excessive for neuropathic pain. As such, the request for Lyrica 150 mg quantity 60, 1 x2 daily, is not medically necessary.

Norco 10mg #60, 1 4-6 h prn: 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 Opioids, Hydrocodone/Acetaminophen Page(s): 91.

Decision rationale: The request for Norco 10 mg, quantity 60, 1 four to six hours as needed, is non-certified. The California Chronic Pain Medical Treatment Guidelines recommend specific dosage and cautions regarding opioids. Norco is indicated for moderate to moderately severe pain. There are no FDA-approved hydrocodone products for pain unless formulated as a combination. The usual dose for analgesic is 5/500 mg and the frequency is 1 or 2 tablets by mouth every 4 to 6 hours as needed for pain. The guidelines recommend when initiating opioids to start with the minimum dose. The injured worker indicated, in a primary treating physician's progress report dated 02/14/2014, she ran out of her Lyrica months ago. She also ran out of her Norco. According to the guidelines, initiating Norco should start with the minimum dose. In addition, the provider's request for 10 mg is not an FDA-approved hydrocodone product dose as they are formulated as in a combination of hydrocodone and acetaminophen. As such, the request for Norco 10 mg, quantity 60, 1 four to six hours as needed is not medically necessary.

Flector 1.3% patch every 12 hours #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111, 112, 113.

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

Decision rationale: The request for Flector 1.3% patch every 12 hours, quantity 60, is non-certified. The California Chronic Pain Medical Treatment Guidelines recognize Flector patch as a nonsteroidal anti-inflammatory drug for topical application 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 treatment of the spine, hip or shoulder. The guidelines indicate this patch for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. This patch is recommended for short-term use (4-12 weeks). For neuropathic pain, the guidelines state it is not recommended as there is no evidence to support its use. The guidelines recommend Flector patch for musculoskeletal pain and not for neuropathic pain. The guidelines recommend Flector patch for only the ankle, elbow, foot, hand, knee, and wrist. The provider's request does not indicate where the application of the patch will be placed. The treatment plan does not indicate if the patch site is symptomatic for musculoskeletal or neuropathic pain. The diagnosis provided with this review indicates neuropathic pain. If this area for application is for neuropathic pain the guidelines do not recommend use. Due to the lack of documentation to support the criteria provided by the guidelines for the use of a Flector patch, the request for Flector 1.3% patch every 12 hours, quantity 60, is not medically necessary.