

<b>Case Number:</b>	CM14-0043046		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/12/2009
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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, has a subspecialty in 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 50-year-old male who reported an injury on 03/12/2009. The mechanism of injury was not provided. The injured worker's diagnoses included knee/leg sprain/strain and chronic pain syndrome. The injured worker's past treatments included medications and knee injections. On the clinical note dated 02/20/2014, the injured worker complained of right knee pain. The injured worker had right knee medial and lateral joint line tenderness, decreased painful range of motion, and ambulates with an antalgic gait. The injured worker's medications included naproxen 550 mg, Lyrica 150 mg, Norco 10/325 mg, and Senokot S 8.6 mg; the frequency was not provided. Medical records noted there were urine drug screen results that were inconsistent with medication regimen on unknown date. The request was for Lyrica 150 mg #30 and Norco 10/325 mg #90. The rationale for the request was for knee pain. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 150 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 99.

**Decision rationale:** The request for Lyrica 150 mg #30 is not medically necessary. The injured worker is diagnosed with knee/leg sprain/strain and chronic pain syndrome. The injured worker complains of right knee pain. The California MTUS Guidelines state pregabalin has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia. Pregabalin is considered first line treatment for both. Pregabalin was also approved for treatment of fibromyalgia. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. Additionally, the request does not indicate the frequency of the medication. As such, the request for Lyrica 150 mg #30 is not medically necessary.

**Norco 10/325 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID MANAGEMENT Page(s): 78.

**Decision rationale:** The request for Norco 10/325 mg #90 is not medically necessary. The injured worker is diagnosed with knee/leg sprain/strain and chronic pain syndrome. The injured worker complains of right knee pain. The California MTUS Guidelines recommend an ongoing review of medication with the documentation of pain relief, functional status, appropriate medication use, and side effects. Additionally, the guidelines recommend opioids for chronic pain be limited for short term pain relief, not greater than 16 weeks. There is lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There is lack of documentation that indicates the injured worker has decreased functional deficits. The documentation did not include documentation of side effects. There was documentation of a recent urine drug screen that was inconsistent with medication regimen. Additionally, the request does not indicate the frequency of the medication. As such, the request for Norco 10/325 mg #90 is not medically necessary.