

<b>Case Number:</b>	CM14-0044055		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/21/2010
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Occupational Medicine 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 50-year-old male, who has submitted a claim for reflex sympathetic dystrophy of the lower limb, chronic pain syndrome and chronic pain due to trauma; associated with an industrial injury date of October 21, 2010. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of left knee pain described as aching, burning, sharp, shooting and stabbing. A physical examination of the left knee showed moderate tenderness at the medial joint line anterior horn and lateral joint line anterior horn. The patient's range of motion is slightly limited in the quadriceps. An MRI of the left knee done on November 1, 2013 showed multifocal grade III chondromalacia patella. An MRI of the left knee done on August 18, 2011 showed a tear traversing the posterior horn of the medial meniscus and scarring within Hoffa's fat pad. An MRI of the thoracic spine on April 17, 2014 showed minimal annular bulging at multiple thoracic levels and exaggerated thoracic kyphosis. The treatment to date has included knee manipulation surgery, vitamin, Amitriptyline, fish oil, Percocet, Lyrica, Tramadol, Visco-supplementation injections, spinal cord stimulator implant trial and lumbar sympathetic block. A utilization review from March 25, 2014 denied the request for Ultram 50 mg # 120 with 2 refills because certification of refill is not necessary at this time. The request for Lyrica 150 mg # 90 with 2 refills was also denied because review of available documentation does not demonstrate pain reduction of at least 30% during utilization of medication. The request for Percocet 5/325 mg # 120 was denied because he patient has not achieved sustained subjective or functional improvement with use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50 mg # 120 with 2 refills:** Overturned

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

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

**Decision rationale:** As stated on page 78 of California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been prescribed Ultram (Tramadol) since March 24, 2014 as trial treatment due to persistence of neuropathic pain despite Amitriptyline and Lyrica. Adjuvant opioid treatment is a reasonable option at this time. Therefore, the request for Ultram 50 mg # 120 with 2 refills is medically necessary.

**Lyrica 150 mg # 90 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Pregabalin (Lyrica, no generic available) Page(s): 16-20.

**Decision rationale:** As stated on pages 16-20 of California MTUS Chronic Pain Medical Treatment Guidelines, Pregabalin is recommended for neuropathic pain, and is a first-line drug for diabetic neuropathy, post-herpetic neuralgia, and fibromyalgia. This medication is a Schedule V controlled substance because of its causal relationship with euphoria. In this case, the patient has been prescribed with Lyrica since October 2013. However, records reviewed did not show functional improvement or analgesia despite its persistent use. In addition, the duration and frequency of the prescription was non-specific. Therefore, the request for Lyrica 150 mg # 90 with 2 refills is not medically necessary.

**Percocet 5/325 mg # 120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use; On-Going Management Page(s): 78-82.

**Decision rationale:** As stated on page 78-82 of the California MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing

review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on this medication since August 2013 for pain. This medication keeps the patient functional with his activities of daily living as stated on progress note dated February 14, 2014. Therefore, the request for Percocet 5/325mg #120 is medically necessary.