

Case Number:	CM14-0202879		
Date Assigned:	12/15/2014	Date of Injury:	07/15/2008
Decision Date:	02/05/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/04/2014

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 Physical Medicine Rehab, 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 67 year old female with an injury date of 07/15/08. Based on the 09/28/14 report, the patient has severe chronic left knee pain secondary to failed total knee replacement. The pain is at 10/10 without medication with stiffness, weakness, warm sensation, and numbness around the scar and tenderness. The pain is partially better with heat, rest and medications. The patient is status post left total knee replacement more than seven years ago. The patient has chronic right shoulder pain status post right shoulder surgery without relief. The pain level is at 9/10 with stiffness and tenderness. The patient has low back pain, buttock and leg pain. There is numbness and tingling down to the right leg to the calf and heel with pain level at 9/10. The current medications are Fexmid, Simvastatin, Prilosec, Lisinopril, Bactrol, Norco, Stool softener, and Multivitamins. The diagnoses include following:1. Chronic intractable severe left knee pain from failed left total knee arthroplasty.2. Chronic right shoulder pain status post right rotator cuff reconstruction without relief.3. Right shoulder impingement syndrome4. Chronic low back pain with lumbar radiculitis, right lower extremity5. Multilevel lumbar DDD with multilevel disc bulges including 4-mm at L4-56. Lumbar spondylolisthesis 2 mm at L4-5, 5 mm at L5-S17. Lumbar spondylosis with mild to moderate right L4-5 facet hypertrophy and mild right L5-S1 hypertrophy8. L5-S1 mild to moderate central canal narrowing and moderate to severe to left and moderate right neuroforaminal narrowing per MRI report 09/12/13. The treatment recommendation for chronic pain control is trial of multi-model rational polypharmacy with the goal of reducing the need for opioid therapy which includes: Trial of Voltaren gel, Neurontin, reduce Norco to three a day and possible rotation to Butrans. Per 10/17/14 report, the patient complains of low back pain, left knee pain, and right shoulder pain. The treatment plan is to take Norco and Lyrica. Per 11/13/14 report, treatment plan shows Norco 10/325 one tablet twice a day. Per 11/14/14 report, treatment plan is to take Norco, Lyrica

twice a day, and recommends DNA monitoring to evaluate if the patient is a metabolizer of pain medicines. The treating physician is requesting Lyrica 75mg #60 and Norco 10/325mg #60 per 11/08/14 report. The utilization review determination being challenged is dated 11/18/14. The requesting physician provided treatment reports from 01/21/14-11/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg quantity 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (Pregabalin) Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica: Pregabalin (Lyrica, no generic available), Medication for Chronic Pain Page(s): 19, 60.

Decision rationale: This patient presents with low back pain, left knee pain, and right shoulder pain. The request is for Lyrica 75mg #60. MTUS page 19 has 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 review of reports, there is no documentation of prior or current medication usage. The patient does not present with a clear diagnosis of neuropathic pain for which this medication may be indicated. The treating physician does not discuss this medication's efficacy in any of the reports provided. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. The request is not medically necessary.

Norco 10/325 mg quantity 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Medication for chronic pain Page(s): 88, 89, 76-78, 60-61.

Decision rationale: This patient presents with low back pain, left knee pain, and right shoulder pain. The request is for Norco 10/325mg #60. MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one very six months, documentation of the 4A's (analgesia, ADLs, adverse side effect, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication etc. A review of the treatment reports from 01/21/14-11/14/14 shows the patient has been taking Norco since as early as 01/21/14. Per 09/29/14 report, the treating physician noted that the pain level is 10/10 without medication and pain medication reduces the pain to a tolerable level. The patient reports the physical functioning is better with the pain relievers such as able to walk and stand better and longer. The patient denies any side effects from the pain relievers and potential aberrant drug related behavior was not noted per 09/29/14 report.

However, under "outcome measure," MTUS also recommends documentation of current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Furthermore, the documented improvements in ADL's are in general terms and it is difficult to tell whether or not the improvements are significant. No validated instruments are used either. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the request is not medically necessary.