

<b>Case Number:</b>	CM14-0217807		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	08/31/1999
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 (IW) is a 56 year old male who sustained an industrial injury on 08/31/1999. He reported back and knee pain. The injured worker was diagnosed as being status post lumbar spine surgery (07/2000) and status post right knee surgery (10/28/2010), headache and Left knee strain. Treatment to date has included medications and physical therapy. Currently, the injured worker complains of back and knee pain and headache. According to the provider notes of 10/20/2014, the medications continue to help, and refills of Mobic, Tramadol, Omeprazole, and two separate refills of Lyrica, all in unspecified quantities are requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Refill of Mobic, unspecified quantity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 67.

**Decision rationale:** This 56 year old male has complained of low back pain and knee pain since date of injury 8/31/99. He has been treated with physical therapy and medications to include NSAIDS since at least 10/2014. The current request is for Mobic. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 5 months. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Mobic is not medically necessary.

**Refill of tramadol, unspecified quantity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines therapeutic trial of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 56 year old male has complained of low back pain and knee pain since date of injury 8/31/99. He has been treated with physical therapy and medications to include opioids since at least 10/2014. The current request is for Ultram. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Ultram is not medically necessary.

**Refill of Omeprazole, unspecified quantity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

**Decision rationale:** This 56 year old male has complained of low back pain and knee pain since date of injury 8/31/99. He has been treated with physical therapy and medications. The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not medically necessary.

**Refill of Lyrica, unspecified quantity:** Upheld

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

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

**Decision rationale:** This 56 year old male has complained of low back pain and knee pain since date of injury 8/31/99. He has been treated with physical therapy and medications to include Lyrica since at least 10/2014. The current request is for Lyrica. Pregabalin (Lyrica) has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. There is no documentation in the available medical records of any of these conditions nor is there a discussion of the rationale regarding use of this medication. On the basis of the MTUS guideline cited above and the available medical documentation, Lyrica is not medically necessary.

**Refill of Lyrica, unspecified quantity:** Upheld

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

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

**Decision rationale:** This 56 year old male has complained of low back pain and knee pain since date of injury 8/31/99. He has been treated with physical therapy and medications to include Lyrica since at least 10/2014. The current request is for Lyrica. Pregabalin (Lyrica) has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. There is no documentation in the available medical records of any of these conditions nor is there a discussion of the rationale regarding use of this medication. On the basis of the MTUS guideline cited above and the available medical documentation, Lyrica is not medically necessary.