

<b>Case Number:</b>	CM15-0001169		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	11/09/1997
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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 is a female, who sustained an industrial injury on 11/09/1997. The diagnoses have included right knee arthritis, morbid obesity, fibromyalgia syndrome, right proximal humerus fracture status post fall and tooth loosening status post fall. Documentation submitted for review did not clearly state the injured workers original complaints or previous treatments. Currently, the IW complains of severe knee pain, difficulty with weight loss and receiving chemotherapy for stage 3 endometrial cancer. Treatment plan included medication refills of Lyrica and Norco, referral for urine drug toxicology screening and follow up care. On 12/29/2014 Utilization Review non-certified Lyrica 75mg 1 tab BID #60 and Norco 7.5/325mg 1 tab TID #90 w/ 0 refills, noting that medical necessity was not established. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On 01/05/2015 the injured worker submitted an application for IMR for review of Lyrica 75mg 1 tab BID #60 and Norco 7.5/325mg 1 tab TID #90 w/ 0 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 75mg, 1 tab b.i.d #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

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

**Decision rationale:** This 63 year old female patient has complained of right knee pain since date of injury 11/9/97. She has been treated with physical therapy and medications. 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. There is no documentation in the available medical records 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 indicated as medically necessary in this patient.

**Norco 10/325mg 1 tab t.i.d, #90 with no refills:** Upheld

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

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

**Decision rationale:** This 63 year old female patient has complained of right knee pain since date of injury 11/9/97. She has been treated with physical therapy and medications to include opioids since at least 09/2014. The current request is for Norco.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, Norco 10/325 is not indicated as medically necessary.