

<b>Case Number:</b>	CM15-0141155		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	03/30/2009
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 52 year old male who sustained an industrial injury on 03-30-2009. He reported falling from a wall seven feet above the ground. He did not lose consciousness, but had immediate pain in the right shoulder, right wrist, and right knee. The injured worker has had severe carpal tunnel syndrome and mild to moderate cubital syndrome diagnosed with Electromyogram /Nerve conduction velocity test 12-28-2009, a right shoulder arthroscopy in 07-20-2010. A MRI of the right knee showed a medial meniscus tear 01-08-2011 and he had a right knee arthroscopy and completed a course of postoperative physical therapy. He had right carpal tunnel release 08/30/2011, in 2014, the worker was seen for shoulder and knee pain, and followed up with a pain management physician. He had cortisone injection to the right shoulder and right knee with temporary relief of one week. Treatment to date has included medication, physical therapy, heat and ice, right knee arthroscopy, and steroid injections. Currently, the injured worker complains of pain in his right knee. According to the qualified medical exam of 05/28/2015, the pain is constant and moderate to severe in intensity with popping, clicking, weakness, stiffness, tightness, and throbbing, piercing, sharp, and stabbing pains. The knee occasionally buckles, and he intermittently wears a sleeve. Walking and prolonged activities irritate the knee. He has extreme limitations with squatting and kneeling. Objectively, he has reduced and painful range of motion of the right knee. On 03-31-2-15, the IW had an intra-articular injection of the right knee and manipulation of the right knee under anesthesia. At the time of the injection, he had pain at an 8-9 level on a 0-10 scale, and had failed physical therapy and conservative therapies for pain control. His diagnoses included:

Degenerative joint disease right knee and Osteoarthritis and painful right knee. He was reported to have had excellent pain relief from the procedure with medication management and was discharged home in good condition with instructions. A request for authorization was made for the following: 1. Lyrica 50mg #30, 2. Norco 10/325mg #60 and 3. Prilosec 40mg #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lyrica 50mg #30: 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) Section Page(s): 16-20.

**Decision rationale:** The MTUS Guidelines support the use of Lyrica for the treatment of diabetic neuropathy and postherpetic neuralgia. Antiepileptic drugs are recommended for the treatment of neuropathic pain. The injured worker does not appear to have neuropathic pain based on the clinical reports, and the use of Lyrica has not provided increased function. The request for Lyrica 50mg #30 is determined not medically necessary.

**Norco 10/325mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking for an extended period without objective documentation of functional improvement or significant decrease in pain. He continues to rate his pain as 8/10 even while taking Norco. Additionally, a urine drug screen on 4/20/15 was negative for Norco and positive for THC even though he was prescribed Norco. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #60 is determined not medically necessary.

**Prilosec 40mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

**Decision rationale:** Proton pump inhibitors, such as Prilosec are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Prilosec when using NSAIDs. The request for Prilosec 40mg #30 is determined not medically necessary.