

<b>Case Number:</b>	CM15-0147567		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	03/19/2014
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Physical Medicine & Rehabilitation

### 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 36 year old female, who sustained an industrial injury on 3-9-14. Initial complaints were of back, bilateral knees and bilateral feet. The injured worker was diagnosed as having lumbar sprain-strain; chronic pain syndrome; knee-leg sprain; fasciitis unspecified. Treatment to date has included physical therapy; cortisone injections; cam walker boot; tapings for foot immobilization; urine drug screening; medications. Diagnostics studies included MRI of feet and ankles (6-26-15). Currently, the PR-2 notes dated 7-6-15 indicated the injured worker complains of back, bilateral knees and bilateral feet the pain. It is described as achy, burning, throbbing, numbness and cramping and constant rating the pain level as 7 out of 10 and worse with activity. Review of the systems the provider notes positive numbness and headaches, joint pain, stiffness and muscle weakness are positive as well. She also complains of depression, anxiety, stress and insomnia. A MRI of bilateral feet and ankles dated 6-26-15 is documented by the provider revealing unremarkable for bilateral feet; left ankle is unremarkable but the right ankle reveals plantar heel spur. The provider treatment plan included cognitive behavioral health treatments as authorized; a copy of blood test results to be obtained; blood tests to monitor liver function and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 50mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica, no generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Outcomes of anti-epilepsy drugs Page(s): 16-18.

**Decision rationale:** The patient presents on 07/06/15 with pain in the back, bilateral knees, and bilateral feet rated 7/10. The patient's date of injury is 03/09/14. Patient has no documented surgical history directed at these complaints. The request is for Lyrica 50MG #60. The RFA is dated 07/06/15. Physical examination dated 07/06/15 reveals tenderness to palpation of the bilateral plantar fascia with swelling of the bilateral feet and ankles noted. The provider also states that the patient ambulates with an antalgic gait. The patient is currently prescribed Tramadol, Lyrica, Vistaril, and Naprosyn. Diagnostic imaging included MRI dated 06/26/15 as showing evidence of a plantar heel spur. The remaining diagnostic findings were unremarkable. Patient is currently not working, though progress note date 07/06/15 advises the patient to return to modified work ASAP. MTUS guidelines, page 16 states the following regarding Lyrica: "Pregabalin (Lyrica) 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. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. This medication also has an anti anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder." MTUS, pages 16-18 for Outcomes of anti-epilepsy drugs states: A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the 'trigger' for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails" In regard to the continuation of Lyrica, the request is appropriate. Progress note dated 07/06/15 documents a reduction in pain from 7/10 to 3/10 attributed to medications, though does not specifically mention Lyrica. MTUS guidelines recommend Lyrica for neuropathic conditions, this patient presents with symptoms consistent with neuropathy in the bilateral lower extremities, evident upon physical examination. In addition, the provider states that medications allow this patient to better improve activity tolerance and allow her to sleep better, though does not specifically mention Lyrica. Therefore, the request is medically necessary.

**Vistaril 25mg #20: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/atarax.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, under Insomnia Treatments.

**Decision rationale:** The patient presents on 07/06/15 with pain in the back, bilateral knees, and bilateral feet rated 7/10. The patient's date of injury is 03/09/14. Patient has no documented surgical history directed at these complaints. The request is for Vistaril 25MG #20. The RFA is dated 07/06/15. Physical examination dated 07/06/15 reveals tenderness to palpation of the bilateral plantar fascia with swelling of the bilateral feet and ankles noted. The provider also states that the patient ambulates with an antalgic gait. The patient is currently prescribed Tramadol, Lyrica, Vistaril, and Naprosyn. Diagnostic imaging included MRI dated 06/26/15 as showing evidence of a plantar heel spur. The remaining diagnostic findings were unremarkable. Patient is currently not working, though progress note date 07/06/15 advises the patient to return to modified work ASAP. ODG Mental Illness and Stress chapter, under Insomnia Treatments has the following regarding anti-Histamine for insomnia: "Over-the-counter medications: Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Side effects include urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness." In regard to the continuation of Vistaril, the provider does not specifically discuss this medication's efficacy upon this patient's insomnia complaints or discuss a formal diagnosis of insomnia. Additionally, ODG states that tolerance to medications develops within a few days, this patient has been prescribed this medication since at least 04/30/15. There is no long-term support for this medication by guidelines and treater does not indicate that it is for short term use. Therefore, the request is not medically necessary.

**Naprosyn 500mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The patient presents on 07/06/15 with pain in the back, bilateral knees, and bilateral feet rated 7/10. The patient's date of injury is 03/09/14. Patient has no documented surgical history directed at these complaints. The request is for Naprosyn 500MG #60. The RFA is dated 07/06/15. Physical examination dated 07/06/15 reveals tenderness to palpation of the bilateral plantar fascia with swelling of the bilateral feet and ankles noted. The provider also states that the patient ambulates with an antalgic gait. The patient is currently prescribed Tramadol, Lyrica, Vistaril, and Naprosyn. Diagnostic imaging included MRI dated 06/26/15 as showing evidence of a plantar heel spur. The remaining diagnostic findings were unremarkable. Patient is currently not working, though progress note date 07/06/15 advises the patient to return to modified work ASAP. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. In regard to the continuation of Naprosyn for this patient's chronic pain, the request is appropriate. This patient has been prescribed Naproxen since at least 04/30/15. Addressing efficacy, progress note dated 07/06/15 notes a reduction in pain from 7/10 to 3/10 attributed to medications, though does not specifically mention Naprosyn. Given the conservative nature of NSAID medications, and the documentation of efficacy provided, continuation of this medication is substantiated. The request is medically necessary.

**Tramadol 50mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria For Use Of Opioids Page(s): 60, 61, 76-78, 88, 89, 113.

**Decision rationale:** The patient presents on 07/06/15 with pain in the back, bilateral knees, and bilateral feet rated 7/10. The patient's date of injury is 03/09/14. Patient has no documented surgical history directed at these complaints. The request is for TRAMADOL 50MG #120. The RFA is dated 07/06/15. Physical examination dated 07/06/15 reveals tenderness to palpation of the bilateral plantar fascia with swelling of the bilateral feet and ankles noted. The provider also states that the patient ambulates with an antalgic gait. The patient is currently prescribed Tramadol, Lyrica, Vistaril, and Naprosyn. Diagnostic imaging included MRI dated 06/26/15 as showing evidence of a plantar heel spur. The remaining diagnostic findings were unremarkable. Patient is currently not working, though progress note date 07/06/15 advises the patient to return to modified work ASAP. MTUS Chronic Pain Medical Treatment Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain." In regard to the request of Tramadol for the management of this patient's chronic pain, treater has not provided inadequate documentation to continue its use. This patient has been prescribed Tramadol since at least 06/23/15 and was previously utilizing Tylenol 3. Most recent progress note, dated 07/06/15 notes a reduction in pain from 7/10 to 3/10 attributed to medications, though does not specifically mention Tramadol. Regarding functional improvements, the provider states: "meds decrease pain, improve activity tolerance and sleep, no side effects." Such vague documentation does not satisfy MTUS requirements for functional benefits, which require more detailed activity-specific improvements to substantiate narcotic use. MTUS guidelines require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, analgesia is documented, as is urine drug screening confirming prior consistency with narcotic medications. However, no statement indicating a lack of aberrant behavior is included with the most recent progress report. While this patient presents with significant unresolved pain complaints, without more accurate functional improvements and a stated lack of aberrant behavior, continuation of this medication cannot be substantiated. Given the lack of complete 4A's documentation as required by MTUS, the request for Tramadol is not medically necessary.