

<b>Case Number:</b>	CM15-0196291		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	05/23/2000
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55-year-old female with a date of industrial injury 5-23-2000. The medical records indicated the injured worker (IW) was treated for chronic regional pain syndrome, lower limb; degenerative joint disease; chondromalacia patella; and chronic pain syndrome. In the progress notes (9-15-15), the IW reported constant bilateral knee pain rated 10 out of 10. She reported her pain at best and on average had been 10 out of 10 since her previous visit. She was taking Lyrica (since at least 2014) and Ultram (since at least 2013). Her pain was rated 8 to 10 out of 10 consistently from the 4-17-15 to 6-8-15 notes. A toxicology report dated 3-22-13 was consistent for prescribed medications. On examination (9-15-15 notes), she walked with a quad cane due to increased left knee pain; the knee was noted to be internally rotated. Both knees were edematous and painful, with crepitus present. There was hypersensitivity to touch with allodynia over the left anterior knee suggestive of neuropathic pain extending into the shin. Range of motion was limited with pain bilaterally. Treatments included cognitive behavioral therapy, physical therapy (3 recent sessions) and left knee surgery. The IW was not working. The plan for treatment included continuing current medications and replacement of the IW's quad cane. A Request for Authorization was received for Ultram 50mg, #90 with 2 refills and Lyrica 75mg, #120 with 2 refills. The Utilization Review on 9-29-15 modified the request for Ultram 50mg, #90 with 2 refills and Lyrica 75mg, #120 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #90 refills 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. The work status is not mentioned. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

**Lyrica 75mg #120 refills 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** The California chronic pain medical treatment guidelines section on Lyrica states: Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and post herpetic 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. (Blommel, 2007) 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. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia. (ICSI, 2007) (Tassone, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Crofford, 2005) (Stacey, 2008) The patient does not have the diagnoses of diabetic neuropathy, fibromyalgia or post herpetic neuropathy. There is no documentation of failure of other first line agents for peripheral neuropathy. Therefore guideline recommendations have not been met and the request is not medically necessary.