

Case Number:	CM15-0209915		
Date Assigned:	10/28/2015	Date of Injury:	05/23/2000
Decision Date:	12/09/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/26/2015

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 55 year old female, who sustained an industrial injury on 5-23-2000. The injured worker was being treated for chronic regional pain syndrome lower limb, degenerative joint disease knee, chronic chondromalacia patella, and chronic pain syndrome. The injured worker (5-13-2015, 6-8-2015, and 9-15-2015) reported ongoing bilateral knee pain. On 5-13-2015, she rated her pain: current was 10 out of 10, least reported over the period since last visit was 10 out of 10, average was 10 out of 10, intensity of pain after taking the opioid was 8-9 out of 10. On 6-8-2015, she rated her pain: current was 8 out of 10, least reported over the period since last visit was 8 out of 10, average was 9 out of 10, intensity of pain after taking the opioid was 8 out of 10, and the duration of pain relief was 4-5 hours. She reported her pain was better with rest and medications. On 9-15-2015, she rated her pain: current was 10 out of 10, least reported over the period since last visit was 10 out of 10, average was 10 out of 10, intensity of pain after taking the opioid was 10 out of 10, and the duration of pain relief was 2 hours. She reported her pain was better with rest and medications. The physical exam (5-13-2015, 6-8-2015, and 9-15-2015) revealed the injured worker walked with a quad cane due to increased left leg pain. The treating physician noted the injured worker walked with her left leg internally rotated due to pain, swelling and pain of the bilateral knees, and hypersensitivity to touch with allodynia over the left anterior knee suggestive of neuropathic pain extending into the shin. The treating physician noted limited bilateral knee range of motion with pain. Per the treating physician (9-15-2015 report), the injured worker's pain was decreased and function was increased with the medication. The treating physician also noted there were no adverse effects, no indication of aberrant drug taking, no misuse of medications, urine drug screen had been

implemented, a recent Controlled Substance Utilization Review and Evaluation System (CURES) report was reviewed, and the injured worker has a signed medication agreement. The urine drug screen (3-12-2013) indicated Tramadol was detected. There was no recent urine drug screen provided in the medical records. Surgeries to date have included left knee surgery in 2000. Treatment has included physical therapy, cognitive behavioral therapy, and medications including pain (Ultram since at least 3-2015) and anti-epilepsy (Lyrica since at least 3-2015). Per the treating physician (9-15-2015 report), the injured worker was permanent and stationary and was not currently working. On 9-25-2015, the requested treatments included Lyrica 75mg and Ultram 50mg. On 10-9-2015, the original utilization review non-certified requests for Lyrica 75mg and Ultram 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #120 with 2 refills: Upheld

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

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

Decision rationale: Review indicates the request for Lyrica was modified. 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 anti-epileptic medication may be helpful in the treatment of radiculopathy and would be indicated if there is documented significant benefit. It appears the medication has been prescribed for quite some time since at least March 2015; however, there is no documented functional improvement as the patient continues with constant severe significant pain level and remains functionally unchanged for this chronic 2000 injury. Submitted medical report has not adequately demonstrated indication and functional benefit to continue ongoing treatment with this anti-epileptic. The Lyrica 75mg #120 with 2 refills is not medically necessary and appropriate.

Ultram 50mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: Review indicates the request for Ultram was modified for weaning purposes. Last UDS was on 3/22/13. The patient continues to treat with severe pain complaints

of VAS 10/10 level despite use of opiate for years. The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief with unchanged severe VAS level of 8-10/10, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of any recent random drug testing results to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic May 2000 injury without acute flare, new injury, or progressive neurological deterioration. The Ultram 50mg #90 with 2 refills is not medically necessary and appropriate.