

<b>Case Number:</b>	CM15-0023159		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	09/17/2000
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: California, Arizona

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 52-year-old female who reported an injury on 09/17/2000. Her mechanism of injury was unspecified. Her diagnoses include chronic pain syndrome, right knee pain, reflex sympathetic dystrophy of the right lower extremity, myofascial pain syndrome, and lower back pain. Past treatments were noted to include injections, nerve blocks, chiropractic care, medications, physical therapy, and a TENS unit. On 01/16/2015, the injured worker complained of low back pain radiating to the right lower extremity and right knee pain. The pain was rated at an 8/10 with associated sharpness, dull/aching, throbbing, pins and needles, stabbing, electrical shooting, burning, stinging, weakness and spasms. The medication summary included a renewal of Voltaren gel, Norco, and Lyrica. Relevant medications were noted to include Voltaren gel 1%, Norco 10/325 mg, and Lyrica 75 mg. The treatment plan included One prescription of Lyrica 75 mg # 60 with 3 refills, One prescription of Voltaren Gell 1% #480 with three refills, One prescription of Norco 10/325 mg, # 150. A rationale was not provided. A request for authorization form was submitted on 01/20/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Lyrica 75 mg # 60 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic drugs Page(s): 16-19.

**Decision rationale:** The request for One prescription of Lyrica 75 mg # 60 with 3 refills is not medically necessary. According to the California MTUS Guidelines, Antiepileptic's are recommended for diabetic painful neuropathy and postherpetic neuralgia. They also state, a response to the use of AEDs has been defined as a 30%-50% reduction in pain. There should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Furthermore, the request for refills would not be supported as it does not allow for reassessment prior to providing additional medications. The injured worker was indicated to have been on Lyrica for an unspecified duration of time. However, there was a lack of documentation to indicate the injured worker had diabetic painful neuropathy or postherpetic neuralgia. In addition, there was a lack of documentation the injured worker had a positive response of at least 30% to 50% in pain reduction along with improvement in function and monitoring for side effects incurred with use. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**One prescription of Voltaren Gell 1% #480 with three refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**Decision rationale:** The request for Voltaren Gell 1% #480 with three refills is not medically necessary. According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. More specifically, Voltaren Gel is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). However, it has not been evaluated for treatment of the spine, hip or shoulder. The injured worker was indicated to have been using Voltaren gel for an unspecified duration of time. However, there was a lack of documentation to indicate the injured worker had failed a trial of antidepressants and anticonvulsants. Furthermore, there was a lack of documentation to indicate the injured worker had osteoarthritis in the joints to include the ankle, elbow, foot, hand, knee and wrist. Furthermore, the request for refills would not be supported as it does not allow for reassessment prior to providing additional medications. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**One prescription of Norco 10/325 mg, # 150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

**Decision rationale:** The request for One prescription of Norco 10/325 mg, # 150 is not medically necessary. According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. There was a lack of documentation in regards to objective functional improvement, objective decrease in pain, evidence of monitoring for side effects and aberrant drug related behaviors with medication use. In addition, there was a lack of current urine drug screen for review. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.