

<b>Case Number:</b>	CM15-0218620		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	05/23/2000
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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

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. Medical records indicate the worker is undergoing treatment for complex regional pain syndrome of the lower limb, knee degenerative joint disease and chronic pain syndrome. A recent progress report dated 10-15-2015, reported the injured worker complained of 9 out of 10 pain in the neck, right shoulder, right hip and bilateral knees. Physical examination revealed she was walking with a cane, there was swelling in the bilateral knees with bilateral crepitus. Treatment to date has included physical therapy, Lyrica and Tramadol (since at least 5-13-2015). The physician is requesting Lyrica 75mg #120 and Tramadol 50 mg #90. On 10-26-2015, the Utilization Review non-certified the request for Lyrica 75mg #120 and Tramadol 50 mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 75mg #120:** Overturned

**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:** The current request is for LYRICA 75MG #120. Treatment history include cognitive behavioral therapy, medications, icing, and physical therapy. The patient is not working. MTUS Guidelines, Anti-epilepsy drugs (AEDs) section, page 19-20, under Lyrica states: "Pregabalin (Lyrica) 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. 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." Per report 10/15/15, the patient present with neck, right shoulder, right hip and bilateral knees. Physical examination revealed swelling in the bilateral knees with bilateral crepitus. There is stiffness and joint pain in the neck and shoulder. The patient describes pain as radiating, throbbing and shooting with some tingling. The patient states that Tramadol and Lyrica helps decrease the pain and increase function, as well as help with sleep. There is no side effects with medication and no signs of abuse or aberrant behaviors. Given the patient radicular symptoms, and documentation of medication efficacy, the request for continued use of Lyrica is reasonable and supported by guidelines. Therefore, the request IS medically necessary.

**Tramadol 50mg prn #90:** Upheld

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

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

**Decision rationale:** The current request is for TRAMADOL 50MG PRN #90. Treatment history include cognitive behavioral therapy, medications, icing, and physical therapy. The patient is not working. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 10/15/15, the patient present with neck, right shoulder, right hip and bilateral knees. Physical examination revealed swelling in the bilateral knees with bilateral crepitus. There is stiffness and joint pain in the neck and shoulder. The patient describes pain as radiating, throbbing and shooting with some tingling. The patient states that Tramadol and Lyrica helps decrease the pain and increase function, as well as help with sleep. There is no side effects with medication and no signs of abuse or aberrant behaviors. Current pain is 10/10, least pain is 8/10, average pain is 10/10, and intensity of pain after taking the opioid 10/10. Report 09/15/15 documents the same pain levels. Report 05/13/15 notes average pain as 10/10, and a decrease in pain to 8-9/10 with the use of opioid medications. The treater states that the patient meets the four As of ongoing opioid use. There is documentation of increased function, but no statement of specific functional improvement, changes in ADLs or change in work status. In addition, the before and after pain scale indicate a very small improvement in pain level with medication

intake. In fact, at times the pain level remained a 10/10 despite using Tramadol. Generic statements of increased function does not constitute appropriate documentation of activity-specific functional improvement. This patient does not meet the criteria for continued opiate use. Therefore, the request IS NOT medically necessary and the patient should be weaned per MTUS.