

<b>Case Number:</b>	CM15-0034798		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	09/18/2009
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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 63 year old female with an industrial injury dated 09/18/2009 which resulted in. Diagnoses includes cervicalgia, brachial neuritis or radiculitis not otherwise specified, carpal tunnel syndrome, and internal derangement of the knee not otherwise specified. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative measures, medications (Nucynta weaned per the 10/28/2014 PR-2), and pain management consultation. A progress note dated 01/06/2015, reports no significant improvement since previous exam, continued bilateral knee pain and problems sleeping. The objective examination revealed tenderness to the cervical paraspinal muscles with spasms and decreased range of motion, restricted range of motion in the left shoulder, decreased range of motion in the left knee, and decreased range of motion in the right knee with a palpable mass and tenderness noted. The treating physician is requesting Lyrica and Nucynta which were denied by the utilization review. On 01/26/2015, Utilization Review non-certified a prescription for Lyrica 100mg capsules (1 by mouth twice daily) #90 and Nucynta 75mg (1 by mouth twice daily), noting the MTUS guidelines were cited. On 02/24/2015, the injured worker submitted an application for IMR for review of Lyrica 100mg capsules (1 by mouth twice daily) #90, and Nucynta 75mg (1 by mouth twice daily).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 100mg cap 1 by mouth twice a day qty: 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-epileptic drug Page(s): 19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

**Decision rationale:** This patient presents with bilateral knee pain. The request is for LYRICA 100mg capsule #90 on 01/06/15 report. MTUS has the following regarding Lyrica: "Pregabalin (Lyrica, no generic available) 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." Review of reports shows the patient has been taking Lyrica as early as 07/15/14. Per 01/06/15 report, the patient takes Cymbalta, Lyrica, and Tylenol for pain and the treater states that "these medications allow her to function." In this case, the patient presents with bilateral knees pains, but also has a diagnosis of CTS and brachial neuritis/radiculitis listed on diagnosis. While the treater states that the medications are helpful, there is no specific discussion regarding Lyrica as to what it is used for and with what efficacy. MTUS p60 require recording of pain and function when medications are used for chronic pain. There is no explanation as why both Cymbalta and Lyrica are prescribed and what each medication is doing for the patient. The request IS NOT medically necessary.

**Nucynta 75mg tab 1 by mouth twice a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** This patient presents with bilateral knee pain. The request is for Nucynta 75mg Tablet on 01/06/15 report. The reports do not state how long the patient has been taking this medication; however, it is listed as a medication on the 07/15/14 report. The work status was not available. MTUS 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. Per 07/15/14 report, the treater stated that "the medications help her function and do activities of daily living." However, the treater does not documented analgesia with proper pain scales discussing functional improvement. There is no discussion regarding aberrant behavior or adverse effects to determine significant improvement. Urine drug screen results have not been provided nor discussed in review of medical records. There is insufficient documentation of the 4A's, as required by MTUS. Therefore the request IS NOT medically necessary.

