

<b>Case Number:</b>	CM15-0044794		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	05/07/2002
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 49 year old female, who sustained an industrial injury on May 7, 2002. The injured worker was diagnosed as having right knee pain, right trochanteric bursitis, lumbar facet joint arthropathy, lumbosacral radiculopathy, cervicgia, headache, fibromyalgia, and chronic pain syndrome, with right hip pain from the industrial injury May 7, 2002, with a history of three right knee surgeries. Treatment to date has included right knee surgeries, ultrasound guided injections, and medication. Currently, the injured worker complains of low back pain, bilateral hip pain, right knee pain, fibromyalgia, and headaches. The Treating Provider's report dated February 2, 2015, noted the injured worker had received a right knee injection at the previous visit, receiving little benefit from it. The previous right hip injection was also noted to have not been beneficial, however, medication was noted to make the pain more tolerable. Current medications were listed as Amitriptyline, Omeprazole, Sucralfate, Ranitidine, Imitrex, Lyrica, and Percocet. Physical examination was noted to show the cervical spine with active range of motion (ROM) grossly limited, with ropy muscle spasm and tenderness in the upper, middle, and lower paraspinal muscles, without radiation, and positive bilateral facet loading. The lumbosacral spine was noted to have active range of motion (ROM) grossly limited with ropy muscles spasms with tenderness in the upper, middle, and lower paraspinal muscles without radiation, positive Kemp's facet loading bilaterally for axial pain, and tenderness to palpation bilaterally of the sacroiliac joint/sacrum. The injured worker was noted to ambulate with a right antalgic gait, using a rolling walker.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 150mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (AED) Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Lyrica.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Lyrica 150 mg #60 with three refills is not medically necessary. Lyrica is recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain. Lyrica is an AED effective in diabetic neuropathy and postherpetic neuralgia. Lyrica is associated with a modest increase in the number of patients experiencing meaningful pain reduction. In this case, the injured worker's working diagnoses are knee pain; trochanteric bursitis; lumbar facet joint arthropathy; lumbar radiculopathy; cervicalgia; headache; fibromyalgia; and chronic pain syndrome. The documentation indicates Lyrica was first documented in an August 6, 2014 progress note. The documentation shows no functional improvement with continued Lyrica based on December 2014, January 2015 and February 2015 progress notes. Additionally, the injured worker has continued VAS pain scores of 8/10 with Lyrica. Prior utilization reviews noted the lack of clinical response and recommended weaning Lyrica based on the lack of clinical response. Consequently, absent clinical documentation with objective functional improvement and a persistent VAS has pain score 8/10 and a prior recommendation to wean Lyrica, Lyrica 150 mg #60 with three refills is not medically necessary.

**One prescription of Percocet 10/25mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. In this case, the injured

worker's working diagnoses are knee pain; trochanteric bursitis; lumbar facet joint arthropathy; lumbar radiculopathy; cervicalgia; headache; fibromyalgia; and chronic pain syndrome. The documentation indicates Percocet was first documented in a July 18, 2014 progress note. The documentation shows no functional improvement with continued Percocet based on December 2014, January 2015 and February 2015 progress notes. Additionally, the injured worker has continued VAS pain scores of 8/10 with Percocet. Prior utilization reviews noted the lack of clinical response and recommended weaning Percocet based on the lack of clinical response. Consequently, absent clinical documentation with objective functional improvement and a persistent VAS has pain score 8/10 and a prior recommendation to wean Percocet, Percocet 10/325 mg #120 is not medically necessary.