

Case Number:	CM15-0046517		
Date Assigned:	03/18/2015	Date of Injury:	09/17/2000
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/11/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 52-year-old [REDACTED] beneficiary who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of September 17, 2000. In a utilization review report dated March 4, 2015, the claims administrator failed to approve a request for Lyrica, Norco, and Voltaren Gel. An RFA form received on March 3, 2015 was referenced in the determination. The claims administrator stated that partial approval of Lyrica afforded the attending provider an opportunity to reevaluate the applicant to ensure a favorable response to the same. Norco, somewhat incongruously, was partially approved for weaning purposes. The applicant's attorney subsequently appealed. In a progress note dated November 7, 2014, the applicant reported highly variable 6/10 to 10/10 knee and elbow pain complaints. The applicant stated that she was waking up at night secondary to pain. The applicant had received various epidural injections, manipulative therapy, physical therapy, a TENS unit, and acupuncture over the course of the claim, it was acknowledged. The applicant was still smoking on a daily basis, it was acknowledged. The applicant's medication list included Voltaren Gel, Norco, Lyrica, Cymbalta, aspirin, Coreg, Elavil, Zestril, metformin, Zocor, and Topamax. The applicant's past medical history is notable for diabetes and alleged congestive heart failure. The applicant was given diagnosis of chronic pain syndrome and complex regional pain syndrome (CRPS) of the knee. Norco and Voltaren Gel were refilled, as were the applicant's permanent work restrictions. It did not appear that the applicant is working with said limitations in place, although this was not explicitly stated. On March 20, 2015, the applicant reported ongoing complaints of low back pain. The applicant had reportedly developed hepatic cirrhosis, it was

acknowledged, and was still using Norco at a rate of 5 times daily. The applicant's medication list included Voltaren, Norco, Lyrica, Cymbalta, aspirin, Coreg, Elavil, Zestril, Zocor, metformin, and Topamax. Highly variable 7/10 to 10/10 pain complaints were noted, exacerbated by activities including cold weather, standing, walking, and any kind of activity. The applicant was still smoking on a daily basis. Hysingla was endorsed on the grounds that the applicant developed transaminitis with opioid therapy. The applicant had issues with depression and anxiety. The attending provider stated, in another section of the note, the applicant's medications were generating appropriate analgesia but did not elaborate further. In an earlier note dated February 20, 2015, the applicant reported 7/10 to 10/10 pain complaints, despite ongoing medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (pregabalin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica); Functional Restoration Approach to Chronic Pain Management Page(s): 99; 7.

Decision rationale: No, the request for Lyrica, an anticonvulsant adjuvant medication, is not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is a first-line treatment for diabetic neuropathy and postherpetic neuralgia and, by analogy, the lower extremity neuropathic pain associated with complex regional pain syndrome (CRPS) reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant continued to report pain complaints ranging from 7/10 to 10/10, despite ongoing Lyrica usage. Ongoing usage of Lyrica has failed to curtail the applicant's dependence on opioid agents such as Norco and Hysingla. The applicant continued to report difficulty performing activities of daily living as basic as standing and walking. All of the foregoing, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of Lyrica. Therefore, the request is not medically necessary.

Norco 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant's work status was not clearly outlined on progress notes of March 20, 2015 and February 20, 2015. The applicant did not, however, appear to be working following imposition of permanent work restrictions. The applicant continued to report pain complaints in the 7/10 to 10/10 range, despite ongoing Norco usage. The applicant continued to report difficulty performing activities of daily living as basic as standing and walking, despite ongoing Norco usage. All of the foregoing, coupled with the applicant's apparent development of transaminitis with ongoing Norco usage, did not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

Voltaren Gel 1% #480 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Non-steroidal anti-inflammatory agents.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: Finally, the request for Voltaren Gel is likewise not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generators here were neuropathic pain associated with complex regional pain syndrome (CRPS), chronic low back pain, and myofascial pain syndrome, the treating provider reported. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical Voltaren has not been evaluated for treatment of the spine, i.e., one of the primary pain generators here. Page 112 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that topical NSAIDs such as Voltaren are not recommended in the treatment of neuropathic pain as was present here in the form of the applicant's complex regional pain syndrome (CRPS) of the leg. Therefore, the request is not medically necessary.