

<b>Case Number:</b>	CM15-0080727		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	12/12/2008
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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 69 year old male with an industrial injury dated 12/12/2008. Utilization review references a progress note dated 03/26/2015, which is not available in the submitted records. This review is taken from a progress note dated 08/07/2014. Diagnoses included lumbago, lower leg pain, reflex sympathetic dystrophy of the lower limb, enthesopathy of hip region and osteoarthritis - lower leg. Prior treatment included knee injections, physical therapy, surgery, acupuncture, TENS unit and medication. He presents on 08/07/2014 with increased right knee pain. Pain is rated as 7/10 without medications and 5/10 with medication. The treatment plan included medications (Lyrica and Prilosec), continue with TENS unit, lumbar sympathetic block, urine drug screen and continue with gym program to rehab his knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 100mg quantity 120 with three refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 19-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Pregabalin - Lyrica Page(s): 19-20, 60.

**Decision rationale:** The patient presents with right knee pain. The request is for LYRICA 100MG QUANTITY 120 WITH THREE REFILLS. The request for authorization is not provided. The patient is status-post right TKA revision, 12/14/14. Physical examination of the right knee reveals old healed surgical scar, moderate quadriceps and calf atrophy. He notes that motion is coming along well and has less pain. He is gaining more confidence with walking on this knee. He uses a cane for stability, does note that the knee felt that it wanted to give out on 2 separate occasions. He should continue with physical therapy to improve motion and strength. Patient's medications include Prilosec, Norvasc, Lipitor, Zyrtec, Zolof, Vitamin C, Lyrica and Aspirin. Per progress report dated 02/18/15, the patient is unable to work. MTUS Guidelines, pages 19-20, have 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." It further states, "Weaning: Do not discontinue pregabalin abruptly and weaning should occur over 1-week period. Withdrawal effects have been reported after abrupt discontinuation." Treater does not specifically discuss this medication. Patient has been prescribed Lyrica since at least 06/12/14. In this case, the patient presents with right knee pain. MTUS supports the use of anti-convulsants for neuropathic pain. However, the treater does not discuss Lyrica's efficacy. The treater does not document whether or not the use of Lyrica has resulted in any pain and functional improvement. MTUS pg. 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Therefore, the request IS NOT medically necessary.

**Prilosec 20mg quantity 60 with three refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with right knee pain. The request is for PRILOSEC 20MG QUANTITY 60 WITH THREE REFILLS. The request for authorization is not provided. The patient is status-post right TKA revision, 12/14/14. Physical examination of the right knee reveals old healed surgical scar, moderate quadriceps and calf atrophy. He notes that motion is coming along well and has less pain. He is gaining more confidence with walking on this knee. He uses a cane for stability, does note that the knee felt that it wanted to give out on 2 separate occasions. He should continue with physical therapy to improve motion and strength. Patient's medications include Prilosec, Norvasc, Lipitor, Zyrtec, Zolof, Vitamin C, Lyrica and Aspirin. Per progress report dated 02/18/15, the patient is unable to work. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk.: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID,

switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater does not specifically discuss this medication. Patient has been prescribed Prilosec since at least 06/12/14. However, treater has not documented GI assessment to warrant a prophylactic use of a PPI. Furthermore, treater has not indicated how the patient is doing, what gastric complaints there are, and why he needs to continue. Therefore, given lack of documentation as required by my guidelines, the request IS NOT medically necessary.

**Lyrica 100mg quantity 60 with three refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 19-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Pregabalin - Lyrica Page(s): 19-20, 60.

**Decision rationale:** The patient presents with right knee pain. The request is for LYRICA 100MG QUANTITY 60 WITH THREE REFILLS. The request for authorization is not provided. The patient is status-post right TKA revision, 12/14/14. Physical examination of the right knee reveals old healed surgical scar, moderate quadriceps and calf atrophy. He notes that motion is coming along well and has less pain. He is gaining more confidence with walking on this knee. He uses a cane for stability, does note that the knee felt that it wanted to give out on 2 separate occasions. He should continue with physical therapy to improve motion and strength. Patient's medications include Prilosec, Norvasc, Lipitor, Zyrtec, Zolof, Vitamin C, Lyrica and Aspirin. Per progress report dated 02/18/15, the patient is unable to work. MTUS Guidelines, pages 19-20, have 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." It further states, "Weaning: Do not discontinue pregabalin abruptly and weaning should occur over 1-week period. Withdrawal effects have been reported after abrupt discontinuation." Treater does not specifically discuss this medication. Patient has been prescribed Lyrica since at least 06/12/14. In this case, the patient presents with right knee pain. MTUS supports the use of anti-convulsants for neuropathic pain. However, the treater does not discuss Lyrica's efficacy. The treater does not document whether or not the use of Lyrica has resulted in any pain and functional improvement. MTUS pg. 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Therefore, the request IS NOT medically necessary.

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Tests Page(s): 43.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

**Decision rationale:** The patient presents with right knee pain. The request is for URINE DRUG SCREEN. The request for authorization is not provided. The patient is status-post right TKA revision, 12/14/14. Physical examination of the right knee reveals old healed surgical scar, moderate quadriceps and calf atrophy. He notes that motion is coming along well and has less pain. He is gaining more confidence with walking on this knee. He uses a cane for stability, does note that the knee felt that it wanted to give out on 2 separate occasions. He should continue with physical therapy to improve motion and strength. Patient's medications include Prilosec, Norvasc, Lipitor, Zyrtec, Zoloft, Vitamin C, Lyrica and Aspirin. Per progress report dated 02/18/15, the patient is unable to work. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low- risk patients. Treater does not discuss the request. In this case, current list of medication prescribed to patient do not include any opiates or narcotics. Therefore, the request IS NOT medically necessary.