

<b>Case Number:</b>	CM14-0212540		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	12/29/2006
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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 & Rehabn

### 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 patient is a 47year-old female with a 12/29/2006 date of injury. According to the 10/14/14 pain management report, the patient is being seen for low back and left knee pain. She reported severe 9/10 low back pain that started 4-days prior when she was bending over making the bed. Without medications the pain is 10/10. She was diagnosed with lumbar radiculopathy; chronic pain syndrome; left knee internal derangement; left knee pain; chronic pain related insomnia; myofascial pain syndrome; neuropathic pain. The physician provides a toradol injection and starts prednisone. On review of the prior report, dated 8/19/14, the patient had 8/10 pain and states without medications it is 9/10, with medications is 5/10. On 12/13/2014 utilization review modified a request for Lyrica to allow weaning as there was no benefit on pain levels, and denied prednisone and a toradol injection on 10/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 75mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs; Anti-Epilepsy Drugs Page(s): 19-20; 16-18..

**Decision rationale:** The records show the patient has been using Lyrica since at least 6/26/14. The 6/26/14, 7/17/14, 8/19/14 and 10/14/14 reports do not show discuss efficacy with use of Lyrica. MTUS, pages 19-20, Specific Anti-Epilepsy Drugs states for: 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. MTUS Chronic Pain Medical Treatment Guidelines pages 16 -18 for anti-epilepsy drugs. Outcome states: A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. MTUS guidelines state there should be at least 30% reduction in pain to continue using Lyrica. The patient reports show flare-ups on each visit from 7/17/14 through 10/14/14 and the pain levels ranged 8-10/10. There is no specific discussion of benefits with use of Lyrica. MTUS does not recommend continuing Lyrica without at least a 30% reduction in pain. The request for Lyrica 75mg #60 is not medically necessary.

**Prednisone 10mg #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic (Acute &Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, for Oral corticosteroids; Low Back section, for Corticosteroids (oral/ parenteral/IM for low back pain).

**Decision rationale:** The records show prednisone was first prescribed on 10/14/14 for an acute flare up of chronic low back pain with radiation down both legs, left greater than right. ODG-TWC online, Pain section, for Oral corticosteroids states: Not recommended for chronic pain, except for Polymyalgia rheumatica (PMR). There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tarnier, 2012) See the Low Back Chapter, where they are recommended in limited circumstances for acute radicular pain. ODG-TWC online, Low Back section, for Corticosteroids (oral/parenteral/IM for low back pain) states: Recommended in limited circumstances as noted below for acute radicular pain, and patients should be aware that research provides limited evidence of effect with this medication. Not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain. MTUS guidelines did not discuss use of oral prednisone, so ODG was consulted. ODG for the lower back states this is recommended for acute radicular pain. The patient is reported to have had an acute flare up of low back pain with radicular symptoms 4-days prior. The request appears to be in accordance with ODG guidelines. The request for Prednisone 10mg #30 is medically necessary.

**Toradol 60mg Injection: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol , generic available), Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter on Toradol.

**Decision rationale:** The records show the patient had a toradol IM injection on 10/14/14 for an acute flare up of chronic low back pain with radiation down both legs, left greater than right. MTUS page 72, for Ketorolac (Toradol , generic available) states: This medication is not indicated for minor or chronic painful conditions. ODG guidelines, Pain chapter on Toradol states: Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. MTUS guidelines discuss toradol, but do not provide details on injections. ODG guidelines were consulted. ODG states IM toradol may be used as an alternative to opioid therapy. The patient had an acute flare-up of lower back pain that was not well controlled with the oral medications. The IM toradol injection on 10/14/14 appears to be in accordance with ODG guidelines. The request for Toradol 60mg Injection is medically necessary.