

<b>Case Number:</b>	CM15-0117398		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	02/15/2013
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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, Hawaii  
 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 36 year old male, who sustained an industrial injury on 2/15/13. He has reported initial complaints of a right foot crush injury. The diagnoses have included right foot pain, causalgia of the lower limb, and lower leg joint pain. Treatment to date has included medications, activity modifications, right foot surgery, physical therapy, orthotics, bracing, diagnostics and other modalities. Currently, as per the physician progress note dated 5/27/15, the injured worker complains of right foot pain and problems with sleeping. He state that the medications are working well and he is able to perform his activities of daily living (ADL) .The objective findings reveal that the right foot exam shows claw toe deformity and lateral plantar foot raised area. There is tenderness to palpation over the fifth metatarsal, midfoot and fifth metatarsal phalange. There is also hyperalgesia and allodynia of the right lateral foot and mild erythema at the lateral foot. The light touch sensation is decreased over the lateral foot on the right side, dysesthesias are present over the lateral foot on the right side and hyperesthesia is present over the lateral foot on the right side. The diagnostic testing that was performed included x-ray of the right foot. The current medications included Norco and Lyrica. The physician requested treatments included Norco 10/325mg (1 tablet by mouth twice daily as needed for pain), #60 and Lyrica 75mg (1 capsule at bedtime), #30 for neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg (1 tablet by mouth twice daily as needed for pain), #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications; Opioids, specific drug list Page(s): 78-80, 124, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with diagnoses that include right foot pain, causalgia of the lower limb, and lower leg joint pain. The patient complains of right foot pain and problems with sleeping in addition to new complaints of sequel injuries or pain of the left knee and back that he feels is related to limping at the right ankle, also as a result of altered gain. The current request is for Norco 10/325mg (1 tablet by mouth twice daily as needed for pain), #60. In the 5/27/15, (13B) treating report the physician states, "Continue Norco 10/325 mg BID prn for increased pain level. With this medication, the patient can function and do ADL's. He can ambulate, travel locally and participate in his day-to-day life with pain under better control." He notes medications reduce his pain score from a 9/10 to a 5/10. He denies side effects. He denies sedation, drowsiness or lethargy. He is A&O x 4. In this case, the treating physician clearly documents the patient's analgesia and ADLs, as well as his lack of adverse side effects and aberrant behaviors while on his current medication regimen. The current request is medically necessary.

**Lyrica 75mg (1 capsule at bedtime), #30:** Overturned

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

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

**Decision rationale:** The patient presents with diagnoses that include right foot pain, causalgia of the lower limb, and lower leg joint pain. The patient complains of right foot pain and problems with sleeping in addition to new complaints of sequel injuries or pain of the left knee and back that he feels is related to limping at the right ankle, also as a result of altered gain. The current request is for Lyrica 75mg (1 capsule at bedtime), #30. In the 5/27/15 (13B) treating report, the physician states, "Trial Lyrica 75mg at bedtime for neuropathic pain. SE's and use discussed. Pt wishes to trail at bedtime first." MTUS guidelines has the following regarding Pregabalin (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. In this case, the treating physician feels that the patient may benefit from a trial of Lyrica and states that the patient has neuropathic pain. MTUS supports the usage of Lyrica for neuropathic pain. The current request is medically necessary.

