

<b>Case Number:</b>	CM15-0121181		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	04/05/2001
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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, Pain Management

### 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 59 year-old female who sustained an industrial injury on 04/05/01. She reports bilateral knee pain, status post fall. Initial diagnoses and treatments are not available. In a progress note dated 05/11/15 the injured worker reports neck pain rated as a 3-5 on a 10-point pain scale; the pain is stabbing with numbness down the right upper extremity to the hand. She has stabbing and burning pain to her low back with numbness, pins and needles radiating down the right lower extremity to the foot; the pain is rated as a 6-10/10. She reports stabbing, aching pain, and numbness in the bilateral knees. Current diagnoses include lumbar spine disc herniation, lumbar radiculopathy, chronic pain syndrome, status post microscopic lumbar discectomy, and status post right knee replacement. Treatments to date include lumbar and knee surgery, MRI, physical therapy, EMG/NCV, psychological therapy, acupuncture, pain medication management, orthopedic reevaluation with recommendation of knee replacement revision, aquatic water therapy which improved activity level, and lumbar epidural injections which decreased pain and increased activity level. Physical examination was significant for a severely antalgic gait; she uses a walker. She has severely decreased range of motion about the cervical and lumbar spine in all planes with diffuse tenderness of the cervical, thoracic, and lumbar spine. Upper and lower extremity exams were limited by pain. There is decreased sensation left C6-C8 dermatomes, and decreased sensation right L4 and L5 dermatomes. Right Straight Leg Raise was positive with pain to the toes. The injured worker reports her medications including Lyrica help decrease her pain and allows her to increase her walking distance; she denies any side effects with medication use. Treatment recommendations include continuation of Lyrica 150 mg and a trial of Butrans 5 mg #4. The injured worker is

under total temporary disability. Date of Utilization Review: 06/03/15.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Butrans 5mg #4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 44, 47, 75-79 and 120.

**Decision rationale:** Regarding the request for Butrans, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it appears that the patient has ongoing pain and Butrans was recommended as a trial, but it does not appear that the patient is utilizing a short-acting opioid and no rationale is given for a trial of a long-acting opioid without initially trialing a short-acting opioid to demonstrate efficacy and to complement the long-acting agent in the event of breakthrough pain. In the absence of clarity regarding the above issues, the currently requested Butrans is not medically necessary.

#### **Lyrica 150mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 16-21.

**Decision rationale:** Regarding request for Pregabalin (Lyrica), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is identification of specific analgesic benefit and objective functional improvement without intolerable side effects. As such, the currently requested Pregabalin (Lyrica) is medically necessary.

