

<b>Case Number:</b>	CM15-0122016		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	11/09/1997
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: Massachusetts

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 63 year old female, who sustained an industrial injury on 11/9/97. Initial complaints were not reviewed. The injured worker was diagnosed as having right knee arthritis advanced; fibromyalgia syndrome; obesity; right proximal humeral fracture- status post fall; tooth loosening - status post fall; lumbar degeneration disc disease with radiculitis. Treatment to date has included medications. Currently, the PR-2 notes dated 6/3/15 indicated the injured worker was seen on this date as an orthopedic re-evaluation. She complains of pain in her back radiating to her legs and pain and numbness and tingling in her legs as well as pain in her knees. She is currently undergoing chemotherapy and radiation for endometrial cancer. She indicates with the adjunct of her medication, her pain is reduced from 8/10 to 2-3/10. With the use of Lyrica, she reports significant improvement in her radicular pain. Objective findings are documented as the injured worker is obese and must use a wheelchair. On examination of the right knee, there is tenderness along the medial and lateral joint line and subpatellar crepitation with range of motion and pain with deep flexion. The provider documents the lumbar spine examination with tenderness about the lower lumbar paravertebral musculature. She has forward flexion at 45 degrees and extension noted at 10 degrees, and lateral bending at 30 degrees. The provider's treatment plan included Norco 10/325mg #90 with no refills and Lyrica 75mg #60 with 2 refills.

### 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 three times a day, #90 with no refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in November 1997 and continues to be treated for radiating back pain and knee pain. Medications are referenced as decreasing pain from 8/10 to 2-3/10. When seen, she was noted to be undergoing chemotherapy and radiation therapy for endometrial cancer. Physical examination findings included right knee and lumbar spine tenderness. There was decreased lumbar spine range of motion. The claimant was noted to be in a wheelchair and diagnoses included morbid obesity. Norco and Lyrica were refilled. Norco was being prescribed at a total MED (morphine equivalent dose) of 30 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

**Lyrica 75mg, 1 tablet twice a day, #60 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Anti-epilepsy drugs (AEDs), p18-19 (2) Medications for chronic pain, p60 Page(s): 18-19, 60.

**Decision rationale:** The claimant has a remote history of a work injury occurring in November 1997 and continues to be treated for radiating back pain and knee pain. Medications are referenced as decreasing pain from 8/10 to 2-3/10. When seen, she was noted to be undergoing chemotherapy and radiation therapy for endometrial cancer. Physical examination findings included right knee and lumbar spine tenderness. There was decreased lumbar spine range of motion. The claimant was noted to be in a wheelchair and diagnoses included morbid obesity. Norco and Lyrica were refilled. Norco was being prescribed at a total MED (morphine equivalent dose) of 30 mg per day. Anti-epilepsy drugs such as Lyrica are recommended for neuropathic pain. Initial dosing of Lyrica is 50 mg three times per day with a maximum dose of up to 600 mg per day. In this case, the requested dosing is consistent with guideline recommendations and medically necessary.