

Case Number:	CM15-0171815		
Date Assigned:	09/14/2015	Date of Injury:	08/08/2013
Decision Date:	10/13/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/01/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 40 year old male who sustained an industrial injury on 8-8-13 and has received treatment for his left knee. Previous treatment includes electrophysiological study 6-8-15, at least 20 visits of physical therapy, cortisone injection-knee, medication, MRI, knee brace, and a left knee scope; debridement, and anterior cruciate ligament reconstruction with allograft tendon on 9-27-13. In a recheck note dated 4-14-15, the physician reports the cortisone injection at the screw site-pes bursa region helped for 4 days. The pain has slowly returned. There is tenderness to palpation at the screw site, medial anterior proximal tibia. On 7-10-15 he underwent a left knee scope, debridement, synovectomy, hardware removal; screw removal, and saphenous nerve branch decompression and debridement. In a post-operative visit note dated 8-11-15, the physician reports he no longer has the medial pain but has numbness medially from the medial joint line to the mid medial shin. He reports clicking in the patella and loud crepitus when he uses his bike. He medicates with one Percocet. He will continue physical therapy, was given a prescription for Lyrica and Percocet and was given a Cortisone injection along the scar incision line. He will remain off work. An RFA dated 8-17-15 lists a retrospective request for a left knee Cortisone injection for date of service 8-11-15. A request for authorization dated 8-17-15 lists Lyrica and Percocet refills. The requested treatment of Cortisone injection, left knee was approved on 8-24-15. The requested treatment of Lyrica 50mg quantity of 60 was not approved and Percocet 10-325mg quantity of 60 was modified to a quantity of 30, on 8-24-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Lyrica.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Lyrica 50 mg #60 is not medically necessary. Lyrica is recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain. Lyrica is an AED effective in diabetic neuropathy and postherpetic neuralgia. Lyrica is associated with a modest increase in the number of patients experiencing meaningful pain reduction. In this case, the injured worker's working diagnoses are status post left knee arthroscopy, debridement, peroneal nerve decompression and knee hardware removal. Date of injury is August 8, 2013. Request for authorization is August 17, 2015. The worker is status post left ACL reconstruction, left knee arthroscopy with debridement, and peroneal nerve decompression July 10, 2015. According to a progress note dated March 17, 2015, the treating provider prescribed Percocet 10/325mg. The most recent progress note dated August 11, 2015 contains a request for refilling Percocet 10/325 mg one half tablet PO 4 to 6 hours as needed. The treating provider prescribed (for the first time) Lyrica. There is no clinical indication or rationale for Lyrica. There is no subjective or objective evidence of neuropathic pain. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no subjective or objective evidence of neuropathic pain and no clinical indication or rationale for Lyrica, Lyrica 50 mg #60 is not medically necessary.

Percocet 10/325 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325mg # 60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic

pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are status post left knee arthroscopy, debridement, peroneal nerve decompression and knee hardware removal. Date of injury is August 8, 2013. Request for authorization is August 17, 2015. The worker is status post left ACL reconstruction, left knee arthroscopy with debridement, and peroneal nerve decompression July 10, 2015. According to a progress note dated March 17, 2015, the treating provider prescribed Percocet 10/325mg. The most recent progress note dated August 11, 2015 contains a request for refilling Percocet 10/325 mg one-half tablet PO 4 to 6 hours as needed. The treating provider prescribed (for the first time) Lyrica. There are no detailed pain assessments or risk assessments in the medical record. There is no documentation demonstrating objective functional improvement. Treating provider prescribed Percocet 10/325mg one half tablet as needed every 4 to 6 hours. There is no clinical indication or rationale for a quantity #60. There is no documentation indicating an attempt to wean Percocet. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, and no attempt at weaning Percocet, Percocet 10/325mg # 60 is not medically necessary.