

<b>Case Number:</b>	CM15-0066856		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	05/23/2000
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 55 year old female who sustained an industrial injury on 5/23/00. The injured worker reported symptoms in the right hip and bilateral knees. The injured worker was diagnosed as having degenerative joint disease knee, chronic pain syndrome. Treatments to date have included cognitive behavioral therapy evaluation, activity modification, ice, and elevation. Currently, the injured worker complains of pain in the right hip and bilateral knees. The plan of care was for physical therapy, medication prescriptions and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 50mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

**Decision rationale:** The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, she used Lyrica chronically leading up to this request, with a recent report of pain at 10/10 on the pain scale while using medication. An increase in daily dosage of Lyrica was included in this request for renewal. However, there was insufficient reporting of how effective the previous dose of Lyrica was first in terms of specific functional gains or pain level reduction directly related to its use. Although an increase in the dose of Lyrica is one option if a lower dose is ineffective, without a more recent report regarding the Lyrica use, this request will not be considered medically necessary at this time.

**Ultram 50mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, very little reporting was made regarding the specific functional gains and measurable pain level reduction associated with ongoing Ultram use, which is required in order to consider continuation of this medication. More specific reporting is necessary in order to show benefit. Therefore, the request to renew Ultram will not be considered medically necessary at this time.

**Physical therapy 8 sessions for bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that passive supervised physical therapy can provide short-term relief during the early phases of pain treatment. However, the goal with physical therapy is to move away from passive and supervised methods and into active, home exercises as soon as able. The MTUS recommends that for general knee complaints, up to 10 physical therapy visits over 8 weeks is reasonable, but with the option of fading frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercises. In the case of this worker, the provider requested 8 sessions of physical therapy for her knees as she "has not had any physical therapy for YEARS," and "she needs a better home exercise program and active treatment." Although she had completed some physical therapy already in the past and should have been skilled in her home exercise efforts, if the provider felt she needed a refresher and new instruction, then it is reasonable to add on 1-6 at the most sessions in order for this to effectively take place. However, the request for 8 session is more than needed for this indication and will not be considered medically necessary.