

Case Number:	CM13-0026801		
Date Assigned:	12/18/2013	Date of Injury:	12/16/1994
Decision Date:	02/04/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This claimant is a 45-year-old female with a reported date of injury of 12/16/1994. The mechanism of injury is described as being trained to deal with abusive children, she slipped over another person's head, landing flat on her chest and abdomen. She was seen on 02/13/2003 at which time an arthrogram had been recommended to compare with her 09/19/2002 MRI of the right shoulder. She was seen again on 11/29/2012 and had been having ongoing throbbing pain in the right foot. She has a previous nonindustrial related injury and she subsequently had to alter the way she walked, putting more stress on the left lower extremity. She returned on 11/19/2013 with continued follow-up for pain regarding left knee and upper back pain. Medications at that time included Biofreeze with ilex gel, Cymbalta, Lyrica, and Gabapentin. On exam, she had decreased strength in the left grip and right grip and decreased bilateral knee flexion and decreased ankle dorsiflexion strength. She returned on 12/09/2013 for continued pain in the left knee and upper back. Medications at that time included Biofreeze with ilex gel, Cymbalta 20 mg, Lyrica 50 mg 1 by mouth every day, and Gabapentin 100 mg 1 capsule 3 times a day. She again demonstrated decreased strength in the bilateral grip strengths, bilateral hip flexion, bilateral knee extension, and bilateral knee flexion. Diagnoses included status post ACL reconstruction, depression from chronic musculoskeletal problems, abnormality of gait, bursitis of the knee, and internal derangement of the knee. Plan going forward was to recommend 1 renal and liver function test and prescription of Lyrica 100 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Renal and Liver Function test: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and National Guidelines Clearinghouse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and renal function, hypertension Page(s): 69.

Decision rationale: This request is for 1 renal and liver function test. In discussing nonsteroidal anti-inflammatories (NSAIDs) and hypertensive renal function, MTUS Chronic Pain Guidelines indicate that NSAIDs can increase blood pressure by an average of 5 mm to 6 mm in patients with hypertension causing fluid retention, edema, and rarely, congestive heart failure. Risk factors appear to be higher in patients with congestive heart failure, kidney disease, or liver function. NSAIDs are to be used with cautions in patients with moderate hepatic impairment and not recommended for patients with severe hepatic impairment, and borderline elevations of 1 or more liver enzymes may occur in up to 15% of patients taking NSAIDs. Use of NSAIDs may compromise renal function. Routine suggested monitoring is recommended with periodic lab monitoring of a CBC and chemistry profile including liver and renal functions for patients on NSAIDs. The submitted records indicate that as of 12/09/2013, medication list included Biofreeze with illex gel, Cymbalta, Lyrica, and Gabapentin. Ilex plant extract and Biofreeze is stated to cool tense and sore muscles on contact but does barely contain nonsteroidal anti-inflammatories. As such, rationale for providing a renal and liver function test at this time has not been demonstrated by the records as this patient is apparently not on any nonsteroidal anti-inflammatory medications for which observation with renal and liver function tests would be appropriate. Therefore, this request is non-certified.

One prescription of Lyrica 100 mg, #60 modified to unknown prescription of Lyrica 100 mg, #60 [seven (7) certified, fifty-three (53) noncertified]: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 99.

Decision rationale: This request is for Lyrica or Pregabalin. Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines indicate that Pregabalin, also known as Lyrica, has been documented to be "effective in treatment of diabetic neuropathy and postherpetic neuralgia, is FDA approved for both indications and is considered first line treatment for both. Pregabalin was also approved to treat fibromyalgia." The records provided for this review do not indicate this patient has diabetic neuropathy or postherpetic neuralgia. The records do not indicate she has fibromyalgia. Therefore, the recommendations for Lyrica 100 mg #60, previously modified to 53 is not considered medically necessary and is non-certified.

