

Case Number:	CM13-0031782		
Date Assigned:	12/04/2013	Date of Injury:	07/08/1998
Decision Date:	01/10/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/04/2013

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 Physical Medicine and Rehabilitation 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:

The patient is a 47-year-old male who reported an injury on 07/08/1998. The patient has a history of right lumbar radiculopathy and a disc extrusion at the L4-5 and degenerative changes at L3, L4, L5. An MRI of the spine dated 08/14/1997, which does predate the patient's injury, showed a grade 2 to 5 midline disc protrusion at L4-5 and right L5-S1 extrusion of the disc causing mass effect on the right S1 nerve root. It further states that a left knee MRI showed a torn PCL, with a grade 2 to 3 sprain of the MCL, medial meniscus and lateral condyle bruising, loss of joint space, and moderate to severe diffuse atrophy of the left thigh muscle. Electrodiagnostic studies performed on 02/02/2013 verify the patient does have right L5 radiculopathy. On 05/29/2013, the patient underwent a right L4 and L5 transforaminal epidural steroid injection. According to the most current documentation dated 11/05/2013, the patient underwent a right knee MRI which noted the patient has a complex tear at the posterior horn of the medial meniscus with subluxation of the meniscal tissue into the medial joint line. There is also moderate medial compartmental arthrosis with intense bone marrow edema at the periphery of the medial tibial plateau; but no ligament tear. For at least the last year, the patient has been taking the medications Vicodin, Naprosyn, Omeprazole, and Medrox ointment. The physician is now requesting Lyrica 75 mg, Tylenol 650 mg, and an interdisciplinary evaluation for functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica ®) Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Pregabalin (Lyrica®)..

Decision rationale: According to California MTUS Guidelines, Pregabalin, otherwise known as Lyrica, has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia, and has also been approved to treat fibromyalgia. Official Disability Guidelines further state that individualization of treatment is needed to maximize pain relief and minimize adverse events when using this medication. It also states there is no evidence to support the use of pregabalin in acute pain scenarios. Although the documentation indicates the patient does have a chronic pain issue, the physician did not verify how many tablets are needed at this time. Therefore, it is unclear if this is can be considered a warranted request.

Tylenol 650mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Page(s): 11-12.

Decision rationale: According to California MTUS this is a recommended treatment for chronic and acute exacerbations of chronic pain. California MTUS further states that the recommended dose for a mild to moderate degree of pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 grams per day. Although this would be an ideal medication for the patient to utilize, it should be noted that the patient has currently been using Norco as a pain reliever. It should be noted that one of the ingredients in Norco is acetaminophen. Because the documentation does not indicate whether or not the patient is going to be discontinuing the use of the Norco, to prevent the patient from sustaining any renal insufficiencies with the combined use of the Norco and the Tylenol, at this time the request cannot be considered medically safe for this patient. Therefore, the request is non-certified.

An interdisciplinary evaluation for functional restoration program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 49.

Decision rationale: According to the California MTUS this type of treatment includes the category of interdisciplinary pain programs, which were originally developed and geared towards

patients with chronic, disabling occupational musculoskeletal disorders. Although the patient would benefit from this type of program, it is unclear as to why the physician is recommending the patient for this type of evaluation at this time. Therefore, without an accurate indication as to the necessity for an interdisciplinary evaluation for functional restoration program, the request cannot be considered medically necessary at this time. As such, it is non-certified.