

Case Number:	CM13-0049653		
Date Assigned:	12/27/2013	Date of Injury:	11/03/2002
Decision Date:	02/28/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/08/2013

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 Pain Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 34-year-old female with a date of injury of 11/03/2002. A progress report dated 04/22/2013 by [REDACTED] indicates the patient's diagnoses include: derangement of medial meniscus, displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis/radiculitis, unspecified. The utilization review letter dated 10/28/2013 references a progress report from [REDACTED] dated 09/09/2013, which states the patient was diagnosed with chronic knee and back pain, derangement of the medial meniscus, and lumbar degenerative disk disease. The patient continued with ongoing symptoms of chronic knee and joint pain. Exam findings noted the patient was uncomfortable and had difficulty with walking, sitting, and standing. The patient's strength was 4+/5 and sensation was intact, although it was decreased in the L5 dermatome bilaterally. Deep tendon reflexes in lower extremities were 1+. It was noted that the treating physician had reported the medications had previously been discontinued by the insurer and that the patient was not seeing a psychiatrist at this time. He was continuing this psychiatric medication until a follow-up psychiatrist appointment occurred. He reported that the patient was stable with the current treatment regimen. The utilization reviewer modified the request for nortriptyline and the Lyrica to include only 1 refill instead of 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 25mg, #90, 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Mental Illness and Stress, Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: The patient continues to present with right knee pain and back pain with associated numbness in the right leg and hip pain. MTUS Guidelines page 13 through 15, regarding antidepressants, states that antidepressants are "recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain." This patient appears to continue with neuropathic pain as well as non-neuropathic pain, and the records appear to indicate that the patient has been stable on this medication for quite some time. Therefore, authorization is recommended.

Lyrica 100mg, #180, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Mental Illness and Stress, Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

Decision rationale: The patient continues to present with low back pain with associated numbness into the lower extremities and reports symptoms of neuropathic pain including numbness in the right leg and hip pain. MTUS pages 19 to 20 regarding Lyrica indicates that it is recommended for neuropathic pain, which this patient has. Therefore, authorization is recommended.