

Case Number:	CM13-0062201		
Date Assigned:	12/30/2013	Date of Injury:	07/14/2008
Decision Date:	05/16/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/06/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 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/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 56-year-old with date of injury July 14, 2008. The treating physician report dated October 15, 2013 indicates that the patient presents with chronic right knee pain, left knee pain and weakness of the hands. The current diagnoses are tear medial and lateral meniscus bilateral knees, osteoarthritis bilateral knees, status post arthroscopy left knee partial medial and lateral meniscectomy August 24, 2009, status post arthroscopy right knee partial medial and lateral meniscectomy, May 10, 2010, Overuse syndrome bilateral upper extremities, De Quervain's tendinitis bilateral wrists, and possible carpal tunnel syndrome bilateral wrists. The utilization review report dated November 7, 2013 denied the request for Lyrica 75mg and gym membership based on guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 75 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic Drugs, Pregabalin (Lyrica) Page(s): 16-20,99.

Decision rationale: The patient presents with chronic bilateral post surgical knee pain and bilateral upper extremity tendonopathy. The current request is for Lyrica 75mg. The treating physician reports that the patient has crepitus medially, laterally and under patella, bilateral knees and moderate joint effusion. The MTUS guidelines support the usage of Lyrica for neuropathic pain, diabetic neuropathy and postherpetic neuralgia. This patient has osteoarthritis of the knees and overuse tendonopathies affecting the upper extremities. The patient does not present with neuropathy for which Lyrica is indicated. The request for Lyrica 75 mg is not medically necessary or appropriate.

GYM MEMBERSHIP: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Gym Memberships

Decision rationale: The patient presents with chronic bilateral post surgical knee pain and bilateral upper extremity tendonopathy. The current request is for gym membership of unspecified duration. The treating physician reports that the patient has crepitus medially, laterally and under patella, bilateral knees and moderate joint effusion. There is no documentation as to why this patient requires a gym membership or why exercises can't be performed at home. The treater states, "Awaiting Gym membership for exercise program to strengthen and increase range of motion." The MTUS guidelines do not address gym memberships. The ODG guidelines knee chapter states, "Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals." The request lacks the duration for gym membership and there is no rationale provided to indicate the medical necessity for gym membership. There is no reason why exercises cannot be performed at home. The request for a gym membership is not medically necessary or appropriate.