

Case Number:	CM13-0067927		
Date Assigned:	01/03/2014	Date of Injury:	08/21/2012
Decision Date:	06/16/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/18/2013

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 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 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 37-year-old male who reported an injury on 08/21/2012. The mechanism of injury was noted to be the patient had moving equipment fall on his hand. The patient subsequently underwent operative procedures. The patient was treated with physical therapy and medications. The patient's diagnosis was causalgia of the upper limb. The examination on 10/29/2013 revealed the patient was responding to Lyrica at 100 mg at bedtime and was feeling that it helped his pain. The documentation of 08/07/2013 indicated that the patient was in need of physical therapy. The request was made for physical therapy and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 PHYSICAL THERAPY VISITS BETWEEN 10/29/13 and 1/7/14: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that physical medicine treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis. The clinical

documentation submitted for review failed to indicate the patient's objective functional benefit received from prior therapy. There was a lack of documentation indicating the quantity of therapy sessions the patient was previously treated with. There was a lack of documentation of objective functional deficits to support ongoing therapy. Additionally, the request as submitted failed to indicate the body part the request was to treat. Given the above, the request for 6 physical therapy visits between 10/29/2013 and 01/07/2014 is not medically necessary.

LYRICA 100 MG QTY 30 BETWEEN 10/29/13 AND 1/17/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: California MTUS guidelines recommend anti-epileptic medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain and an objective functional improvement. The clinical documentation submitted for review indicated the patient was responding well. There was a lack of documentation of an objective decrease in pain and objective increase in function and that the patient's pain was neuropathic in nature. There was an inability to establish the patient's medication history through the documentation that was provided. Given the above, the request for Lyrica 100 mg #30 between 10/29/2013 and 01/17/2014 is not medically necessary.