

Case Number:	CM14-0000780		
Date Assigned:	01/17/2014	Date of Injury:	06/23/2010
Decision Date:	06/06/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 23, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; adjuvant medications; and transfer of care to and from various providers in various specialties. In a utilization review report dated December 13, 2013, the claims administrator denied a request for a surgical repair of the knee and partially certified a request for Lyrica, citing guidelines which stated that partial tears typically respond well to nonsurgical treatment, including an immobilizer, brace, and physical therapy. The claims administrator stated that the applicant was a good candidate for a trial of Lyrica and therefore issued only a partial certification, stating that the applicant should be reevaluated. The rationale was not clear and very difficult to follow. Non-MTUS guidelines were cited. The applicant subsequently appealed. In a letter dated December 30, 2013, the applicant reiterated that her condition was worsening. The applicant stated that her attending provider was pursuing a right lateral retinacular repair to fix patellar motion and realignment. The applicant stated that she also carried a diagnosis of reflex sympathetic dystrophy of the knee. In a progress note dated October 24, 2013, the applicant stated that an earlier knee surgery was unsuccessful. The applicant stated that she felt unstable with her kneecap tracking more medially than laterally. The applicant was on Nucynta and Lyrica, it was stated. The applicant had a BMI of 20. The applicant apparently had a crepitation and laxity present about the knee. The applicant was asked to pursue a lateral release surgery to ameliorate a diagnosis of right knee pain with patellar instability. It was stated that the applicant had tried and failed conservative treatment in the form of physical therapy. In an October 31, 2013 pain management note, the applicant was described as having issues with color changes, temperature changes, swelling, and cramping about the right lower extremity associated

with reflex sympathetic dystrophy. The applicant also had associated depression and anxiety, it was stated. Her pain was highly variable and ranged from 2 to 10/10, it is stated. The applicant was using Lyrica, Tizanidine, and Flexeril, it was stated. The applicant stated that she was trying to engage in a home exercise program on a daily basis. She was not working, however. The applicant stated that her psychotherapy and medications were helping her. Nucynta was added to the applicant's medication regimen. On December 4, 2013, the applicant's primary treating provider renewed prescriptions for Tizanidine, Nucynta, and Lyrica and stated that he would pursue the right knee surgical repair endorsed by the applicant's knee surgeon. It was stated that the applicant should take Lyrica at a heightened dose as cold weather had resulted in heightened pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE SURGICAL REPAIR OF THE RIGHT KNEE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-4.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, page 345, lateral arthroscopic release may be indicated in the case of recurrent subluxation of the patella. A surgical realignment of the extensor mechanism may be indicated in some applicants, ACOEM goes on to note. In this case, the applicant seemingly carries a diagnosis of patellofemoral syndrome of the knee with associated patellar misalignment. The applicant has tried and failed both surgical and nonsurgical options, including an earlier failed lateral release surgery, medications, physical therapy, etc. A repeat lateral arthroscopic release surgery is therefore indicated and appropriate here. Accordingly, the request is medically necessary.

ONE PRESCRIPTION OF LYRICA 100MG #90 WITH 2 REFILLS: Overturned

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

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

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, Pregabalin or Lyrica is considered a first-line treatment for neuropathic pain. In this case, the applicant in fact does carry a diagnosis of neuropathic pain secondary to chronic regional pain syndrome. The attending provider has seemingly posited the ongoing usage of Lyrica has attenuated the applicant's complaints of pain and has improved ability to perform activities of daily living. The attending provider apparently sought out prescriptions for Lyrica at

a heightened dose owing to a flare of pain associated with cold weather. Titrating Lyrica upward is/was indicated and appropriate. Therefore, the request is medically necessary.