

Case Number:	CM14-0014117		
Date Assigned:	02/26/2014	Date of Injury:	03/04/2011
Decision Date:	07/24/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/04/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Maryland. 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 35-year-old female with a 03/04/2011 date of injury. A specific mechanism of injury was not described. Status post left ulnar nerve release at the cubital tunnel as well as left carpal tunnel release on 1/2013. 1/7/14 determination was modified. Lyrica (unspecified) was modified to Lyrica 50mg #90, and work hardening was non-certified. Reasons for modification of Lyrica included that the patient had neuropathic pain. Work hardening was denied due to no FCE being completed. The type of work conditioning program was not clearly identified, the patient was still quite symptomatic, and various different treatments were recommended. 12/27/13 medical report identified pain in the posterior portion of the left elbow. There was a lot of burning and this would radiate to the fifth finger. The patient had pain in the left wrist as well. She reported that the arm went "dead" with repetitive motions. Exam revealed some limited motion and pulling of the left trap with some spasms. Tenderness over the right trapezius. Left shoulder with forward flexion 170 degrees, abduction 160 degrees, strength 5-/5, and positive Tinel's. Decreased sensation along the proximal dorsal aspect of her elbow with localized pain. Left wrist with tenderness, decreased sensation along the ulnar side of the wrist, she had weakness of fingers 4/5, numbness were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA (UNSPECIFIED): Upheld

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

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

Decision rationale: The MTUS guidelines states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. In this case, the patient did have subjective and objective radicular findings for which Lyrica is indicated. The request states Lyrica (unspecified). There was a prior modification for 90 tablets, 50 mg. There is documentation of neuropathic pain however, the request cannot be recommended for certification with no dosage, frequency, or number of tablets. The request for Lyrica is not medically necessary and appropriate.

Work hardening, quantity 6 for the left upper extremity: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Page(s): 125.

Decision rationale: Based on the medical records provided for review, the patient was released to modified duty and there was no clear indication that a functional capacity was performed and the patient's current job demands are in the medium or higher demand level, and the patient is not able to perform duties to such level. It was also unclear if surgery or other treatments would not clearly be warranted to improve function. In addition, more than two years have elapsed since date of injury. Therefore, the request for work hardening, quantity 6 for the left upper extremity is not medically necessary and appropriate.