

Case Number:	CM14-0117950		
Date Assigned:	08/06/2014	Date of Injury:	10/10/2001
Decision Date:	10/03/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/28/2014

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 Family 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:

This 62 year old patient had a date of injury on 10/10/2001. The mechanism of injury was not noted. In a progress noted dated 7/8/2014 , subjective findings included right knee pain giving away, showing weakness. There is also pain in right knee. On a physical exam dated 7/8/2014, objective findings included loss of strength, left extremity range of motion loss, 10 degree flexion deficit of left extremity. Diagnostic impression shows bilateral cuff tears and impingement, bilateral post traumatic DJD of knees. Treatment to date: medication therapy, behavioral modification, s/p knee arthroscopy 2007A UR decision dated 7/16/2014 denied the request for Lyrica 150mg bid #180, stating that the patient does not complain of neuropathic pain, but bilateral cuff tears and impingement and bilateral post traumatic DJD of knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150 mg BID #180: 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: MTUS 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. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. In a progress note dated 7/8/2014, this patient is not noted to have locking, giving away, and weakness. However, the patient is not noted to have neuropathic pain, which is characterized as numbness, tingling, shooting sensation that radiates to extremities. Therefore, the request for Lyrica 150mg BID #180 is not medically necessary.