

Case Number:	CM14-0028103		
Date Assigned:	06/13/2014	Date of Injury:	10/26/2006
Decision Date:	07/16/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/05/2014

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 and is licensed to practice in Nevada. 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 injured worker is a 43-year-old male injured on October 26, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 6, 2014, indicates that there are ongoing complaints of headaches, numbness and weakness on the right side, nightmares, and balance problems. The physical examination demonstrated a right hemiparetic gait, difficulty focusing, attention difficulties, and right-sided apraxia. There was a diagnosis of right hemiparesis, cognitive and mood impairment, chronic headaches, difficulty swallowing, and sleepwalking. A request had been made for Lyrica, a one year gym membership, and a referral to a neuro-ophthalmologist and was not certified in the pre-authorization process on February 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 50 MG #90 WITH 2 REFILLS: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines Lyrica is indicated for diabetic nephropathy and postherpetic neuralgia. The attachment of record does not state that the injured employee has either of these conditions nor is there a similar condition documented of a painful neuropathy. Therefore this request for Lyrica is not medically necessary.

ONE YEAR 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), Low Back Chapter, Gym Membership Section.

Decision rationale: According to the Official Disability Guidelines (ODG) a gym membership is only indicated when there's inability to perform a home exercise program or specialty equipment is needed. A gym membership should be accompanied by a medical professional to monitor a therapeutic treatment plan. None of these conditions have been stated in the attach medical record. This request for a gym membership is not medically necessary.

NEURO-OPHTHAMOLOGIST VISIT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM practice guidelines, second edition, Chapter 7, Independent medical examinations and consultations, page 127.

Decision rationale: According to the American College of Occupational and Environmental Medicine specialty referral is indicated when a diagnosis is uncertain or extremely complex. The injured employee has a diagnosis of right hemiparesis, with documented visual difficulties. Although there was a previously requested referral which was approved, there is no documentation that this was accomplished. This request for a neuro-ophthalmologist is medically necessary.