

Case Number:	CM14-0044883		
Date Assigned:	07/02/2014	Date of Injury:	10/10/2001
Decision Date:	08/25/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/11/2014

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 Anesthesiologist and Pain Medicine, and is licensed to practice in Florida. 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 male reported an injury on 07/19/2001. The mechanism of injury was not provided within the medical records. The clinical note dated 07/08/2014 was handwritten and hard to decipher indicated diagnoses bilateral cuff tears, impingement, and bilateral posttraumatic degenerative joint disease of the knee. The injured worker reported his right knee was giving way and weakness of the right knee with pain. On physical examination, the injured worker had loss of strength with atrophy, positive squat and Apley's sign, decreased range of motion to the lower extremity and a 10-degree flexion deficit. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Tizanidine, Lyrica, and omeprazole. The provider submitted a request for medications. The Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg BID #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Anti-epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 19.

Decision rationale: The request for Lyrica 150mg BID #180 is not medically necessary. The California 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. It was not indicated how long the injured worker had been utilizing this medication. However, there was not enough documentation of efficacy and functional improvement with the use of this medication. In addition, there was not enough pain assessment by the injured worker. Therefore, the request for Lyrica is not medically necessary.