

Case Number:	CM14-0074512		
Date Assigned:	07/16/2014	Date of Injury:	12/19/2005
Decision Date:	10/08/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/22/2014

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 records presented for review indicate that this 61-year-old gentleman was reportedly injured on December 19, 2005. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 7, 2014, indicates that there are ongoing complaints of right sided wrist pain. Current medications were stated to include Benazepril, Wellbutrin, Carisoprodol, Celexa, Clonazepam, Flovent, Lyrica, Crestor, Restoril, and Spiriva. No focused physical examination was performed. Diagnostic imaging studies of the right wrist reveal a space between the first metacarpal in the scaphoid of approximately 1 cm. had been made for Carisoprodol and Lyrica and was not certified in the pre-authorization process on May 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #90 for date of service 4/29/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

Decision rationale: The California MTUS specifically recommends against the use of Carisoprodol and indicates that it is not recommended for long-term use. Based on the clinical

documentation provided, the clinician does not provide rationale for deviation from the guidelines. As such with the very specific recommendation of the MTUS against the use of this medication, this request for Carisoprodol is not medically necessary.

Lyrica 75mg #60 for date of service 4/29/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19, 99.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia. This medication also has an antianxiety effect and has been used for generalized neuropathic pain. According to the progress note dated February 7, 2014, there are no physical examination findings or complaints of a neuropathy. Considering this, this request for Lyrica is not medically necessary.