

Case Number:	CM14-0077080		
Date Assigned:	07/18/2014	Date of Injury:	12/03/2001
Decision Date:	09/17/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/27/2014

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 & 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 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 65-year-old individual was reportedly injured on 12/3/2001. The mechanism of injury was noted as a fall. The most recent progress note, dated 5/22/2014, indicated that there were ongoing complaints of left elbow pain, low back pain that radiated down the left lower extremity, and neck pain and bilateral knee pain. The physical examination demonstrated tenderness to the left sciatic notch and diminished sensation to the bilateral feet medial. No recent diagnostic studies are available for review. Previous treatment included Bilateral Knee Surgery, Injections, Chiropractic Care, Acupuncture, Physical Therapy, and Medications. A request had been made for Lyrica 50 mg #60 with 5 refills, Gym Membership, MRI of the lumbar spine, Ibuprofen 800 mg #100 with 5 refills and was not certified in the pre-authorization process on 4/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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

Decision rationale: 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. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. After review of the medical records provided, there were no objective clinical findings consistent with diabetic neuropathy or postherpetic nerve pain. Therefore, this request is not medically necessary.

Gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Gym Membership, Updated August 27, 2014.

Decision rationale: According to the Official Disability Guidelines, a gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is need for additional equipment. Additionally, treatment in a gym environment needs to be monitored and administered by medical professionals. According to the attached medical record, there is no documentation that home exercise program is ineffective or inadequate. Therefore, this request is not medically necessary.

Magnetic Resonance Imaging (MRI) of the Lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: ACOEM practice guidelines support a MRI of the lumbar spine for patients with sub-acute or chronic radiculopathy lasting at least 4 to 6 weeks if symptoms are not trending towards improvement, and if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. Review, of the available medical records, reports the patient has had multiple surgeries of the lumbar spine, and current findings on physical exam include diminished sensation to the bilateral feet, which do not specify specific dermatome. As such, the request is not considered medically necessary.

Ibuprofen 800mg #100 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: Ibuprofen is a non-selective NSAID (non-steroidal anti-inflammatory) medication, which has some indication for chronic low back pain. When noting the claimant's diagnosis and signs/symptoms, there is a clinical indication for the use of this medication as noted in the applicable guidelines. It is noted the patient would likely benefit from ibuprofen; however, doses greater than 400 mg have not provided greater relief of pain. Therefore, the current request of ibuprofen 800 mg is not medically necessary.