MAXIMUS Federal Services

Case Number:	CM14-0081989		
Date Assigned:	08/06/2014	Date of Injury:	03/05/2013
Decision Date:	09/29/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/03/2014

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 34-year-old individual was reportedly injured on March 5, 2013. The mechanism of injury was noted as her foot getting caught between 2 racks while in a freezer, resulting in a twisted knee and back. The most recent progress note, dated May 12, 2014, indicated that there were ongoing complaints of knee and back pain. The physical examination demonstrated a 180 pound individual with a BMI of 30.89. Romberg testing was negative with a normal heel to toe gait, and rapid alternating movements. Sensation was normal. Deep tendon reflexes were symmetrical at the Achilles and patella. No clonus was present. Left knee examination revealed a normal temperature, no erythema and no tenderness to palpation over the medial and lateral joint lines, the patella, the medial and lateral ligaments and the tibial tubercle. Dorsalis pedis pulse was palpable and capillary refill was normal. Motor testing was 5/5 throughout the lower extremities. Sensation was intact to light touch in the L3 to S1 dermatomes. Extension was 180 and flexion was 114. Varus stress was one plus and valgus stress was stable. Anterior drawer test at 90 of flexion, with 2+. Lachman's test was 2+. Posterior drawer test was negative. McMurray's sign was negative. Provocative patellofemoral compression was negative. Diagnostic imaging studies reported the following findings: MRI of the left knee on April 5, 2013 demonstrated an anterior cruciate ligament tear with no intact fibers. Menisci were intact. No focal cartilage defects or loose bodies were identified. A small joint effusion was present. MRI of the lumbar spine on November 1, 2013 revealed a large disc extrusion at L4-L5 disc causing impingement of the descending nerve roots on the right and blocking of the right lateral recess at L4-L5. Previous treatment included pharmacotherapy, epidural blocks, and activity modification. A request had been made for Lyrica 25 mg, Lyrica 75 mg, and meloxicam 7.5 mg and was not certified in the pre-authorization process on May 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 7.5mg tabs, 1 tab twice a day (BID), as needed (PRN), for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non selective NSAIDs Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72 of 127.

Decision rationale: This medication is an anti-inflammatory. While there may be some guideline support for the use of this medication for the diagnoses noted, the medical record provides no documentation of decrease in pain or functional benefit. With the use of the current medication regimen and in the absence of such documentation, there is insufficient clinical data available to substantiate the medical necessity of the ongoing use of this medication per MTUS guidelines. As such, this request is not medically necessary.

Lyrica 25mg caps, 1 cap before bedtime: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19, 99 of 127.

Decision rationale: Lyrica (pregabalin) is recommended for neuropathic pain conditions and fibromyalgia. The record provides documentation of evidence of a neuropathic condition. However, there is insufficient clinical data providing evidence of a decrease in pain or increase in function with the ongoing use of this medication. In the absence of such documentation, the record fails to substantiate the medical necessity of this request per MTUS guidelines. As such, this request is not medically necessary.

Lyrica 75mg caps, 1 cap daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19, 99 of 127.

Decision rationale: Lyrica (pregabalin) is recommended for neuropathic pain conditions and fibromyalgia. The record provides documentation of evidence of a neuropathic condition. However, there is insufficient clinical data providing evidence of a decrease in pain or increase in function with the ongoing use of this medication. In the absence of such documentation, the

record fails to substantiate the medical necessity of this request per MTUS guidelines. As such, this request is not medically necessary.