

Case Number:	CM13-0027087		
Date Assigned:	12/18/2013	Date of Injury:	11/30/2007
Decision Date:	03/12/2015	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/20/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

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 59 year old male, who sustained an industrial injury on November 30, 2007, slipping and falling backwards. He has reported immediate onset of pain in the lower back with left knee pain. The diagnoses have included failed back syndrome, left knee patellofemoral arthritis, and right knee internal derangement. Treatment to date has included left knee arthroscopy 2009, acupuncture, physical therapy, and oral and topical medications. Currently, the injured worker complains of bilateral knee pain. The medical documentation submitted lacked 2013 medical examinations. An Orthopedic Physician's note dated October 31, 2012, noted the injured worker with restricted spinal mobility with localized tenderness, and left knee patellofemoral crepitus with pain and some restricted flexion. An Orthopedic Evaluation dated January 23, 2015, noted a left knee MRI which showed a questionable meniscal tear with chondromalacia, with a right knee MRI showing a questionable medial meniscal tear. On September 16, 2013, Utilization Review non-certified Lyrica 100mg #60 and Ambien 10mg #30. The UR Physician noted that without documentation of compliance, medical necessity for Lyrica 100mg #60 was not established, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted there was no documentation of efficacy with the Ambien in the most recent examination, with the request for Ambien 10mg #30 not medically necessary, citing the Official Disability Guidelines (ODG), Pain Procedure Summary, last updated June 7, 2013, and Mosby's Drug Consult. On September 20, 2013, the injured worker submitted an application for IMR for review of Lyrica 100mg #60 and Ambien 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 100MG #60: 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 Anti-epilepsy drugs Page(s): 16-22.

Decision rationale: The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, there was insufficient submitted documentation showing current (at the time of the request) evidence of functional gains and symptom reduction directly related to the continual use of Lyrica. Without evidence of benefit, continuation cannot be justified. Therefore, the Lyrica will be considered medically unnecessary.

AMBIEN 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINESPAIN PROCEDURE SUMMARY

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness section, sedative hypnotics and the Pain section, (Ambien) and insomnia treatment section

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, he reportedly had been using Ambien over many months at least, which is far beyond the recommended duration for this medication. Also, there was insufficient reporting of any functional benefits recently with its use. Therefore, the Ambien will be considered medically unnecessary.