

Case Number:	CM14-0198534		
Date Assigned:	12/08/2014	Date of Injury:	05/09/2013
Decision Date:	01/22/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, has a subspecialty in Interventional spine and is licensed to practice in California. 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 patient is a 47 year old male with the date of injury of 05/09/13. Per physician's report 10/01/14, the patient has pain in his upper back, mid back, lower back, left leg and bilateral knees. The patient had a right knee surgery and still complains of constant, burning, squeezing-type pain, worse with movement and walking. The right knee buckles, but does not lock on him. The patient occasionally feels numbness and tingling in both of his legs and feet. The patient had physical therapy without any help. MRI of the right knee from 04/21/14 shows grade 1 signal at the posterior horn of the medial meniscus associated with hyaline degeneration. The patient is not currently working. The patient is taking Percocet, Omeprazole and Lyrica. The lists of diagnoses are: 1) Lumbago 2) Lumbar facet dysfunction that seems to have been aggravated by limping 3) Depression secondary to pain 4) Bilateral knee pain with degenerative joint disease and meniscus tear 5) History of surgery to the right knee 6) Left knee laxity and pain 7) Opioid dependence 8) History of gastric bypass surgery. The patient underwent urine drug screen on 08/28/14. Per 08/22/14 progress report, the patient has a lot of pain over his back. The patient has completed aqua therapy. The patient still complains of right knee pain when walking and standing. Per 07/25/14 progress report, the patient is taking medication for depression, Oxycodone, Lyrica, Naproxen and Omeprazole. The utilization review letter 10/29/14 indicates that the patient had 6 sessions of physical therapy, Cortison shot and Synvisc shots to the right knee which failed. Treatment reports were provided from 12/05/13 to 10/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-17, 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica: Pregabalin (Lyrica, no generic available) Page(s): 16-20.

Decision rationale: The patient presents with pain in his back and right knee. The patient is s/p right knee arthroscopy in October 2013. The request is for LYRICA 150mg #30. The patient has been utilizing this medication since 06/06/14. MTUS guidelines page 16-20 have the following regarding Lyrica: "Pregabalin (Lyrica, no generic available) 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 is also FADA approved for generalized/social anxiety disorder as well as fibromyalgia. In this case, the patient does not present with a clear diagnosis of neuropathic pain nor other conditions for which this medication may be indicated. The request is not medically necessary.

Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient presents with pain in his back and right knee. The patient is s/p right knee arthroscopy in October 2013. The request is for Omeprazole 20mg #30. The patient has been utilizing this medication since at least 07/02/14. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the physician does not provide any GI assessment to determine whether or not the patient would require prophylactic use of PPI. There is no documentation of any GI problems such as GERD or gastritis to warrant the use of PPI either. The request is not medically necessary.

Voltaren gel 1% 40gm x 5 tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Creams Page(s): 111.

Decision rationale: The patient presents with pain in his back and right knee. The patient is s/p right knee arthroscopy in October 2013. The request is for Voltaren Gel 1% 40gm x 5 tubes. The patient appears to have not tried this medication in the past. MTUS guidelines page 111 "primarily recommends topical creams for neuropathic pain when trials of antidepressants and anticonvulsants have failed." It indicates "FDA-approved agents: Voltaren Gel 1% (diclofenac) for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). "In this case, the patient does present with peripheral joint arthritis/tendinitis problems in his knees for which this topical product may be indicated. However, the request of Voltaren Gel 1% 40gm would exceed what is recommended per MTUS. The request is not medically necessary.