

Case Number:	CM15-0005028		
Date Assigned:	01/16/2015	Date of Injury:	05/23/2012
Decision Date:	03/17/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/09/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 38 year old male, who sustained an industrial injury on May 23, 2012. The diagnoses have included carpal tunnel syndrome, headaches, left shoulder tendinitis and frontal sinus cyst. Treatment to date has included electromyogram of bilateral upper extremity, Magnetic resonance imaging of cervical spine and oral pain medication. Currently, the injured worker complains of bilateral CTS and neck pain. Reports pain controlled with Lyrica three times a day. The provider documents in his notes on December 9, 2014 that the injured worker has not had his work station evaluated for ergonomics therefore a request for work capacity evaluation was made. On December 22, 2014 Utilization Review non-certified a one work capacity evaluation and Lyrica 100mg with six refills noting; Medical Treatment Utilization Schedule Guidelines was cited. On December 15, 2014, the injured worker submitted an application for IMR for review of one work capacity evaluation and Lyrica 100mg with six refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Functional Capacity Evaluation

Decision rationale: A Work Capacity Evaluation is not medically necessary. The Official Disability Guidelines state that a functional capacity evaluation is recommended prior to admission to a work hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is more important to provide as much detail as possible about the potential job to the assessor, Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if: 1. Case management is hampered by complex issues such as : Prior unsuccessful RTW attempts, Conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate, close or at MMI/all key medical reports secured, additional secondary conditions clarified. Do not proceed with an FCE if: the sole purpose is to determine a worker's effort or compliance, The worker has returned to work and an ergonomic assessment has not been arranged. A work capacity is not medically necessary because criteria set forth by the Official Disability guidelines are not met as an ergonomic assessment has not been completed and the patient has returned to work without that assessment.

Lyrice 100mg with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic Drugs Page(s): 19.

Decision rationale: Lyrica 100mg with 6 refills is not medically necessary. Per Ca MTUS Pregabalin 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. Lyrica is also FDA approved for Fibromyalgia. The claimant was not diagnosed with diabetic neuropathy or postherpetic neuralgia as well as Fibromyalgia. Additionally, there is lack of documentation of follow-up assessment with positive response and improved function on this medication; therefore, the request is not medically necessary.