

Case Number:	CM15-0141358		
Date Assigned:	07/31/2015	Date of Injury:	02/26/2013
Decision Date:	09/18/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/21/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 64 year old male who sustained an industrial injury on 2-26-13. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, sciatica, cervical disc displacement without myelopathy, degeneration cervical disc syndrome. Currently, the injured worker reported left knee pain. Previous treatments included status post right total hip arthroplasty (2007), status post bilateral total knee replacement (2005 and 2005), physical therapy, aquatic therapy, acupuncture treatment, injection therapy, facet rhizotomy (October 2014), use of a cane and oral pain medication. Previous diagnostic studies included a magnetic resonance imaging, radiographic studies and bone scan. The injured work status was not noted. The injured workers pain level was not noted. Physical examination was notable for left knee with no swelling, no effusion, no deformity or ecchymosis noted; anterior tenderness to palpation and pain with hyperflexion. The plan of care was for Lyrica 75 milligrams quantity of 90, with refill 5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg Qty 90, with refill 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16, 19 to 20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 of 127.

Decision rationale: This claimant was injured in 2013 with diagnoses of lumbar disc displacement without myelopathy, sciatica, cervical disc displacement and degenerative cervical disc syndrome. Pain levels or neuropathic complaints are not noted in most current assessment. The left knee showed no objective findings. There was subjective anterior tenderness only. The MTUS notes that these medicines are recommended for neuropathic pain (pain due to nerve damage. (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007). The MTUS further notes that most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at post herpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). I did not see that this claimant had these conditions for which the medicine is effective. The request is not medically necessary.