

Case Number:	CM15-0145648		
Date Assigned:	08/06/2015	Date of Injury:	06/12/2011
Decision Date:	09/03/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 68 year-old female who sustained an industrial injury on 06-12-11. Initial diagnoses are not available. Current diagnoses include rule out right knee internal derangement, right knee patellar tendinitis-refractory, left knee pain, rule out lumbar disc injury, rule out lumbar radiculopathy, protrusion C5-6 and C6-7, left shoulder impingement, and headache-head complaints, uncertain etiology. Diagnostic testing and treatment to date has included urine drug toxicology screen, physical therapy, acupuncture, and pain medication management. Currently, the injured worker complains of low back pain with lower extremity symptoms with pain rated 6 on a 10 point pain scale, cervical pain with right upper extremity symptoms with pain rated as a 5 out of 10, thoracic pain rated as a 6 out of 10, right knee pain rated as a 5 out of 10, and left knee pain rated as a 3 out of 10. The treating physician reports she has tenderness to the lumbar spine, cervical spine, and thoracic spine, with spasm to the lumboparaspinal musculature. There is tenderness to bilateral knees, with effusion to the right knee, and swelling of the patellar tendon. Her left shoulder is tender with swelling and positive impingement sign. Her right knee pain is worsening with a decline in activity-function. Her patellar tendinitis remains refractory to treatment. Requested treatments include Lyrica cap 75mg take 2/day #60. The injured worker is under temporary partial disability. Date of Utilization Review: 07-22-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica cap 75mg take 2/day #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Anti-epilepsy drugs (AEDs), p18-19 (2) Medications for chronic pain, p60.

Decision rationale: The claimant sustained a work-related injury in June 2011 and is being treated for radiating neck and radiating low back pain and bilateral knee pain. When seen, pain was rated at 3-6/10. A topical anti-epileptic medication had provided a 5 point decrease in pain. When seen, there was decreased lumbar range of motion with lumbar and thoracic tenderness. Anti-epilepsy drugs such as Lyrica are recommended for neuropathic pain. Initial dosing of Lyrica is 150 mg per day in divided doses with a maximum dose of up to 600 mg per day. In this case, the requested dosing is consistent with guideline recommendations and medically necessary.