

Case Number:	CM15-0147632		
Date Assigned:	08/10/2015	Date of Injury:	05/14/2014
Decision Date:	09/04/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/28/2015

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: California

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 48 year old male who sustained an industrial injury on 5-14-14. In the orthopedic consultation dated 5-14-14, it notes that the injured worker sustained an injury to his left groin and low back while he was assisting a patron at his place of employment. He was taken to the emergency department and treated with medications. The 5-22-15 orthopedic consultation indicates that diagnostic testing and treatment for his injuries have included MRI's of the lumbar spine and pelvis and treatment with the medication, Lyrica, which he has indicated has "helped his symptoms significantly". The documentation also indicates that the injured worker reports that his groin symptoms have "improved" and rates his pain "2-4 out of 10". He reports that he has pain when at rest and with activities, as well as with heavy lifting and squatting and stooping. Diagnoses include Contusion of the left groin, by history, signs and symptoms of inguinal hernia or athletic pubalgia, left groin, and degenerative joint disease of the left hip with anterior labral tear, by MRI evidence. Treatment recommendations were for physical therapy, given that he continues to have "significant groin tenderness" and "has not had any physical therapy to this point".

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the low back and left hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, Physical Medicine Treatment.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, the request exceeds the amount of PT recommended by the CA MTUS as a trial and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy is not medically necessary.

Lyrica 50mg, #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain; Pregabalin (Lyrica) Page(s): 14-15, 103.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21 of 127.

Decision rationale: Regarding request for pregabalin (Lyrica), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication, and no identification of neuropathic pain or another indication for this medicine. Antiepileptic drugs should not be abruptly discontinued but unfortunately there is no provision to modify the current request. As such, the currently requested pregabalin (Lyrica) is not medically necessary.