

Case Number:	CM15-0167509		
Date Assigned:	09/08/2015	Date of Injury:	11/29/2012
Decision Date:	10/13/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/25/2015

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 50 year old male, who sustained an industrial injury on 11-29-2012. He reported falling off a ladder onto his right knee while holding a sledgehammer. Diagnoses have included spine-thoracic degenerative disc disease; spinal cord injury unspecified and knee pain. Treatment to date has included physical therapy, magnetic resonance imaging, surgery and medication. According to the progress report dated 7-21-2015, the injured worker complained of increased low back pain. He rated his pain as 6 out of 10 with medication and 9 out of 10 without medication. Quality of sleep was poor. Physical exam revealed an antalgic gait. There was tenderness to palpation over the medial joint line of the right knee. Authorization was requested for Lyrica and nine sessions of a work hardening program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (Pregabalin), Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Antiepilepsy drugs (AEDs), p18-19 (2) Medications for chronic pain, p60 Page(s): 18-19, 60.

Decision rationale: The claimant sustained a work-related injury in November 2012 while working as a carpenter and is being treated for chronic low back pain and right knee pain. He underwent lumbar spine surgery in November 2013 and has a spinal cord stimulator. Medications are referenced as decreasing pain from 9/10 to 6/10. When seen, he was having difficulty sleeping. There was an antalgic gait. There was medial right knee joint line tenderness. His BMI was over 31. Temporary total disability was continued. Lyrica was prescribed for neuropathic pain. Antiepilepsy drugs such as Lyrica are recommended for neuropathic pain. Initial dosing of Lyrica is 50 mg three times per day 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.

9 sessions of a Work Hardening Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening, p125 Page(s): 125.

Decision rationale: The claimant sustained a work-related injury in November 2012 while working as a carpenter and is being treated for chronic low back pain and right knee pain. He underwent lumbar spine surgery in November 2013 and has a spinal cord stimulator. Medications are referenced as decreasing pain from 9/10 to 6/10. When seen, he was having difficulty sleeping. There was an antalgic gait. There was medial right knee joint line tenderness. His BMI was over 31. Temporary total disability was continued. Criteria for a Work Conditioning Program include completion of an adequate trial of physical or occupational therapy with improvement followed by plateau, defined return to work goal, and the worker must be no more than 2 years past date of injury. In this case, there is no defined return to work plan and temporary total disability is being considered. The claimant is more than 2 years status post injury. Return to work as a carpenter is not anticipated. The requested sessions of work hardening are not medically necessary.