

Case Number:	CM15-0187959		
Date Assigned:	09/29/2015	Date of Injury:	05/13/2011
Decision Date:	11/09/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/24/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 61 year old male who sustained an industrial injury on 05-13-2011. Current diagnoses include tear medial meniscus right knee, medial synovial plica right knee, status post right knee arthroscopy, musculoligamentous sprain of the cervical spine with disc bulges, musculoligamentous sprain of the lumbar spine with lower extremity radiculitis and disc bulges, contusion right lower abdomen, overuse syndrome-right upper extremity, tendinitis right shoulder with possible other internal derangement, lateral epicondylitis, cubital tunnel syndrome right elbow, de Quervain's tendinitis right wrist, carpal tunnel syndrome right wrist, contusion right knee, acromioclavicular joint osteoarthritis-right shoulder, capsulitis right shoulder, and status post cervical epidural injection. Report dated 08-07-2015 noted that the injured worker presented with complaints that included neck pain with limited range of motion with radiating pain down the right shoulder with tingling on the shoulder and arm, low back pain with stiffness that radiates down the right leg to the foot with tingling down the right leg and foot, and constant right knee pain and locking. Pain level was not included. Physical examination performed on 08-07-2015 revealed tenderness over the posterior iliac spines bilaterally. Previous treatments included medications, surgical intervention, and epidural injection. The treatment plan included continuing Lyrica, continue exercises, administered a ketorolac injection, and return in 3-4 weeks. The utilization review dated 09-11-2015, non-certified the request for ketorolac 60mg with Xylocaine 1ml, x1 injection and Lyrica 150mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketorolac 60mg with Xylocaine 1ml, x1 injection: 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) Chapter: Pain Ketorolac (Toradol (R)).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: The California chronic pain medical treatment guidelines section on Ketorolac states: Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions. Per the ODG: Only recommended for short-term in management of moderately severe acute pain that requires analgesia at the opioid level. In this case, the documentation does not indicate acute pain treatment but rather than the treatment of a chronic pain condition. In the absence of acute pain treatment, the medication is not indicated per the California MTUS and the ODG. Therefore the request is not medically necessary.

Lyrica 150mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The California chronic pain medical treatment guidelines section on Lyrica states: Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. (Blommel, 2007) This medication also has an anti-anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia. (ICSI, 2007) (Tassone, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Crofford, 2005) (Stacey, 2008) The patient does not have the diagnoses of diabetic neuropathy, fibromyalgia or post herpetic neuropathy. There is no documentation of failure of other first line agents for peripheral neuropathy pain that the patient is experiencing. Therefore guideline recommendations have not been met and the request is not medically necessary.