

Case Number:	CM15-0200444		
Date Assigned:	10/15/2015	Date of Injury:	05/09/2012
Decision Date:	11/24/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/13/2015

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, Georgia
 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:

Medical records indicated that the injured worker is undergoing treatment for left knee strain, left knee anterior ligament tear, and chronic pain syndrome. Treatment and diagnostics to date has included MRI of left knee (report dated 06-07-2013, which stated, "Findings are suggestive for revision of anterior cruciate ligament graft with postsurgical artifact" and "moderate degenerative change in the medial compartment of the knee"), acupuncture, physical therapy, steroid injections, and use of medications. Recent medications have included Lyrica, Flector patches, Ibuprofen, and Percocet. Subjective data (08-24-2015 and 09-22-2015), included left knee pain rated 4 out of 10 with pain medications and 8 out of 10 without pain medications. Objective findings (09-22-2015) included "mild to moderate" crepitus with left knee flexion and extension, "severe" tenderness to palpation to left anterior aspect of right patella, and antalgic gait on the left. The request for authorization dated 09-25-2015 requested Ibuprofen, Omeprazole, Percocet, Lyrica 50mg by mouth twice daily #60 for chronic musculoskeletal pain, Flector patch, MRI of the left knee to evaluation due to increasingly unstable with positive crepitus, and follow up visit. The Utilization Review with a decision date of 10-02-2015 denied the request for Lyrica 50mg and MRI of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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

Decision rationale: CA MTUS states that there is insufficient evidence to argue for or against use of antiepileptic drugs in low back pain. Antiepileptic drugs are used first line for neuropathic pain. Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic 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. In this case, there is documentation of a trial of Lyrica with improvement in pain. Ongoing use of Lyrica is medically necessary.

MRI of the left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, MRI.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: ACOEM chapter on knee complaints describes that MRI is recommended for pre-operative evaluation of ACL tears and is not indicated for lateral collateral ligament tears. MRI is not recommended for routine investigation of the knee joint for evaluation without surgical indication. MRI after prior surgical repair may be indicated if x rays show no signs of hardware loosening. The submitted medical records demonstrate progression of symptoms despite conservative care, plain films show no hardware problems and surgical intervention would be pursued if indicated by MRI results. As such, MRI of left knee is medically indicated.