

Case Number:	CM15-0222860		
Date Assigned:	11/18/2015	Date of Injury:	08/26/2008
Decision Date:	12/30/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/12/2015

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: Emergency Medicine

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 52 year old male, who sustained an industrial injury on 8-26-2008. According to physician documentation, the injured worker was diagnosed with chronic pain syndrome, myofascial pain syndrome, and lumbosacroiliac sprain, sprain of the right knee and neck sprain. Subjective findings dated 8-6-2015, 9-15-2015 and 10-7-2015, were notable for jaw pain, right shoulder, right wrist, right elbow, neck, low back, bilateral feet and bilateral knee pain described as achy and rating pain 4-7 out of 10, and are aggravated with standing and improved with rest. Objective findings dated 8-6-2015, 9-15-2015 and 10-7-2015, were notable for right elbow diffuse tenderness, low back tenderness over the right SI joint, joint pain, stiffness and muscle weakness. According to physician notes, an MRI of the left knee was performed 2-23-2012, revealing an incomplete radial tear through the peripheral portion of the posterior horn of the medial meniscus and X-rays of the right wrist, elbow and lumbar spine were performed on 10-21-2014, revealing spurring of the humeral ulnar joint and calcification of the triceps tendon just above the olecranon, and moderate spondylosis at L2-L3 (lumbar). Treatments to date have included Relafen 500mg, Lyrica 75mg, (at least since 4-17-2015) Valium and Prilosec (from private physician), multiple surgeries and chiropractic and physical therapy treatments. The Utilization Review determination dated 10-19-2015 did not certify prospective treatment/service requested for Lyrica 75mg #30 (date of service 10-8-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica).

Decision rationale: The requested Lyrica 75mg, #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pregabalin, page 99, recommend this medication for the treatment of "neuropathy and postherpetic neuralgia. The injured worker has jaw pain, right shoulder, right wrist, right elbow, neck, low back, bilateral feet and bilateral knee pain described as achy and rating pain 4-7 out of 10, and are aggravated with standing and improved with rest. Objective findings dated 8-6-2015, 9-15-2015 and 10-7-2015, were notable for right elbow diffuse tenderness, low back tenderness over the right SI joint, joint pain, stiffness and muscle weakness. The treating physician has not documented current neuropathic pain, nor derived functional benefit from its previous use. The criteria noted above not having been met, Lyrica 75mg, #30 is not medically necessary.