MAXIMUS Federal Services

Case Number:	CM15-0040871		
Date Assigned:	03/11/2015	Date of Injury:	09/05/2012
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/03/2015

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: Oregon, California
Certification(s)/Specialty: Neurological Surgery

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 51-year-old female who reported an injury on 09/05/2012. The mechanism of injury involved a fall. The current diagnoses include osteoarthritis of the knee and CRPS type 2 in the lower extremity. The latest physician progress report submitted for this review is documented on 02/02/2015. The injured worker presented with complaints of persistent left lower extremity pain. Previous conservative treatment has included bracing, elevation, massage therapy, and medication. The injured worker reported mild improvement with the use of Voltaren gel and GI upset with the use of Neurontin. It was also noted that the injured worker had been issued authorization for Synvisc injections for the right knee. The injured worker was status post a total of 3 Synvisc injections into the left knee on 01/07/2015 and 01/14/2015 without an improvement of symptoms. Upon examination of the right knee, there was 120 degrees flexion, 0-degree extension, pain with range of motion, and normal motor strength in the bilateral lower extremities. The treatment recommendations at that time included a left lumbar sympathetic block under MAC sedation and a random urine drug screen. A trial of Lyrica 75 mg was also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op medical clearance with [redacted]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Chapter, Preoperative testing, general.

Decision rationale: The Official Disability Guidelines state, the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. In this case, there was no documentation of a significant medical history or any comorbidities to support the necessity for preoperative clearance. Therefore, the medical necessity has not been established. As such, the request is not medically necessary.

Lyrica 75mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: The California MTUS Guidelines state, anti-epilepsy drugs are recommended for neuropathic pain. In this case, it was noted that the injured worker sustained a knee injury and has had progressive pain despite medication. However, there was no documentation of neuropathic pain upon examination. It was also noted in 12/2014, the injured worker was issued a prescription for a trial of Lyrica. It is unclear whether the injured worker has been previously treated with a trial of Lyrica, as documentation of objective functional improvement was not provided. There was also no frequency listed in the request. Given the above, the request is not medically necessary at this time.