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| Case Number: | CM15-0011006 | | |
| Date Assigned: | 01/28/2015 | Date of Injury: | 10/25/2012 |
| Decision Date: | 03/25/2015 | UR Denial Date: | 12/25/2014 |
| Priority: | Standard | Application Received: | 01/20/2015 |

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 48 year old male who sustained a work related injury on October 25, 2012, with repetitive movements incurring neck, knee and lower back pain. Treatment included pain medication, exercise and muscle relaxants. X rays of the cervical spine revealed mild degenerative changes. Diagnoses include cervical and lumbar spinal degenerative disc disease and lumbar radiculopathy and chronic right and left knee internal derangement pain syndrome. Currently, the injured worker continues to complain of ongoing pain in his neck and back. On January 28, 2015, a request for prescriptions for Lidocaine 5% ointment was non-certified and Lyrica 50 mg #120 was modified to #90 Lyrica 50 mg; and a request for 1 memory foam topper (for a king size bed) by Utilization Review, noting California Chronic Pain Medical Treatment Utilization Schedule, ACOEM, and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on October 25, 2012. The medical records provided indicate the diagnosis of cervical and lumbar spinal degenerative disc disease and lumbar radiculopathy and chronic right and left knee internal derangement pain syndrome. Treatments have included pain medication, exercise and muscle relaxants. The medical records provided for review do not indicate a medical necessity for Lidocaine 5% ointment. The MTUS recommends against the use of any formulation of Lidocaine as a topical analgesic other than the Lidocaine Patch.

Lyrica 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Discussion; Antiepilepsy drugs (AEDs) Page(s): 8; 16.

Decision rationale: The injured worker sustained a work related injury on October 25, 2012. The medical records provided indicate the diagnosis of cervical and lumbar spinal degenerative disc disease and lumbar radiculopathy and chronic right and left knee internal derangement pain syndrome. Treatments have included pain medication, exercise and muscle relaxants. The medical records provided for review do not indicate a medical necessity for Lyrica 50mg #120. Lyrica is an antiepileptic medication used in treatment of Neuropathic pain. Like all antiepileptics, the MTUS recommends that less than 30% reduction in pain is a trigger for (1) a switch to a different first-line agent, or (2) combination therapy if treatment with a single drug agent fails. The records indicate that despite treatment with Lyrica, Neurontin (both Antiepileptic medications) there has been no improvement in pain. The MTUS also, recommends reassessment of treatment modalities and to consider changing to a different approach if there is failure of improvement.

1 memory foam topper (king bed): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic)

Decision rationale: The injured worker sustained a work related injury on October 25, 2012. The medical records provided indicate the diagnosis of cervical and lumbar spinal degenerative disc disease and lumbar radiculopathy and chronic right and left knee internal derangement pain syndrome. Treatments have included pain medication, exercise and muscle relaxants. The medical records provided for review do not indicate a medical necessity for the memory foam topper. The Official Disability Guidelines criteria for Durable Medical Equipment include: (1)

Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. The request is not medically necessary due to failure to meet the first three criteria.