

Case Number:	CM15-0094231		
Date Assigned:	05/20/2015	Date of Injury:	08/26/2008
Decision Date:	06/24/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/15/2015

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: 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 51 year old male, who sustained an industrial injury on 8/26/08. He reported initial falling from a roof with multiple traumas including head. The injured worker was diagnosed as having adhesive capsulitis shoulder; myofascial pain; neck sprain/strain; chronic pain syndrome; agoraphobia with panic disorder. Treatment to date has included status post face and right wrist surgery (2008); status post right hand surgery (9/2009); status post right knee arthroscopy ACL reconstruction (11/2009); status post right wrist arthroscopy and hardware removal (2010); physical therapy; medications. Diagnostics included MRI left knee (2/23/12); X-rays right wrist; right elbow (10/21/14); X-rays AP Pelvis and right hip (10/21/14); X-rays lumbar 2 views (10/21/14); MR of the brain (2/12/15); CT scan head without contrast (3/19/15). Currently, the PR-2 notes dated 4/9/15 indicated the injured worker complains of low back, right shoulder, jaw and bilateral knee pain. He suffers with chronic headaches and chronic paresthesias to the face with difficulty concentrating; has severe anxiety and chronic joint pain in particular to the right upper extremity. The severity of pain level is noted as 7/10 and constant. He has completed 8 sessions of vestibular rehabilitation and it is documented the injured worker went to the emergency room twice due to headache pain and anxiety attacks. A CT scan of the head was completed on 3/19/15 and concludes there is no acute abnormality and several punctate calcifications are suggestive of old cysticercosis. The emergency room note dated 3/19/15 indicates the CT scan shows a linear skull fracture involving the anterior and posterior walls of the right frontal sinus that may be subacute or chronic in age as there is no overlying soft tissue swelling. This location of the fracture is noted to predispose the injured worker to intracranial

infections. A MRI brain dated 2/12/15 documents right inferior frontal lobe encephalomalacia with surrounding gliosis and scattered microhemorrhages. It also notes abnormal diffusion tensor imaging with decreased fractional anisotropy in body of corpus callosum reflective of loss in right structural white matter integrity. The provider documents a review of systems: neurologic - positive for headaches and dizziness. Musculoskeletal system review is positive for muscle stiffness and weakness. The psychiatric portion notes positive for depression, anxiety and stress. Currently, he is prescribed Relafen 500mg and Lyrica 25mg and is also taking Valium prescribed by another physician. The treatment plan includes a request to obtain vestibular rehab reports, proceed with occupational therapy and a maxillary consult as well as a dental follow-up. The provider has also requested Lyrica 25mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 25mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 18 and 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Section Page(s): 16-20.

Decision rationale: The MTUS Guidelines support the use of Lyrica for the treatment of diabetic neuropathy and postherpetic neuralgia. Antiepileptic drugs are recommended for the treatment of neuropathic pain. The injured worker does appear to have neuropathic pain based on the clinical reports. The injured worker has been on a subclinical dose of Lyrica without documentation of the benefit received from it. The guidelines define a good response as a 50% reduction in pain and a moderate response as a 30% reduction. Antiepilepsy drugs are also recommended if they are successful in reducing the use of opioid pain medications, which has not been documented. Lyrica should not be discontinued abruptly, and weaning should occur over a one-week period. This request is not for a weaning dose however. The request for Lyrica 25mg, QTY: 30 are determined to not be medically necessary.

Dental Follow-up, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79 and 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as

provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The injured worker has been referred to, and seen by a dentist. The dentist recommended that the he be referred to a maxillofacial specialist for removal of hardware and f/u if pain continued after removal. There is no indication in the available documentation that the injured worker has been evaluated by the maxillofacial surgeon or had the hardware removed, therefore, the request for dental follow-up, QTY: 1 is determined to not be medically necessary.