

Case Number:	CM13-0026657		
Date Assigned:	11/22/2013	Date of Injury:	06/15/2004
Decision Date:	01/17/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a forty three year old female with a date of injury of 6/15/2004. Under consideration is the request for Lyrica 50mg #30. Submitted documentation revealed the patient has been under treatment for chronic neck and bilateral upper extremity pain. On visit dated October 24, 2013 the patient's average pain level is 8/10 with medications and 10/10 without medications. During visit .on 8/29/13, the patient described increased neck pain radiating to the bilateral upper extremities rated 7/10 with medications, and 9/10 without meds. She noted weakness, numbness, and tingling in the upper extremity, pain that radiates to bilateral upper extremities to shoulder, hand, and fingers, more on the right, and having occipital headaches. The patient uses her spinal cord stimulator daily. On examination cervical motion was moderately reduced secondary to pain, there was tenderness at C4-C7 level, and cervical myofascial tenderness and paraspinous muscle spasm. Current diagnosis were complex regional pain syndrome right and left upper extremities, headaches, status post spinal cord stimulator implant, chronic pain, medication related dyspepsia, and status post Internal Pulse Generator (IPG) replacement. Per documentation pt had a positive response to a stellate ganglion block in July 2012 and he requested an additional stellate ganglion block on the right, as well as a cervical spine MRI, and continued use of Omeprazole 20 mg #60, Tylenol with codeine #3300-30 mg #60, Gabapentin 600 mg #120, Lyrica 50 mg #30, and Butrans 5 mcg/hr patch #4. All meds were approved in prior Utilization Review except Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrice 50mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 99.

Decision rationale: One prescription of Lyrice 50mg #30 is not medically necessary per California Medical Treatment Utilization Schedule (MTUS) guidelines. Patient is being treated for diagnosis of complex regional pain syndrome (CRPS) and neuropathic pain. Lyrice is not recommended for complex regional pain syndrome (CRPS) per guidelines. Gabapentin is the recommended drug for complex regional pain syndrome (CRPS) per guidelines. Lyrice (Pregabalin) can be used for has neuropathic pain which this patient suffers from but she has not demonstrated significant response in pain levels or function since being on Lyrice beginning in June 2013. Per guidelines : The continued use should be based on at least a 30% reduction in pain, otherwise a switch to a different first-line agent is recommended. Therefore Lyrice is not recommended.