

Case Number:	CM13-0053768		
Date Assigned:	12/30/2013	Date of Injury:	01/17/2007
Decision Date:	03/18/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

This is a 35-year old gentleman with a date of injury of 1/17/07 when he sustained multiple fractures of the right foot. He is status post Open Reduction and Internal Fixation (ORIF) of the 2-4 metacarpals and closed reduction of the 5th metatarsophalangeal joint on 1/19/07 with K-wire removal on 3/01/07. His post-op course was complicated by the development of osteomyelitis, and then CRPS affecting the foot. He was determined to be Permanent and Stationary by an AME as of 3/29/11 (AME report was done on 8/08/11). Future medical care recommendations included medications, such as neural stabilizers and pain meds. This patient has been followed since that time by a pain specialist, who has prescribed a number of treatments, including a TENS device and multiple medications to address neuropathic pain, including Lyrica (antiepileptics) and antidepressants. The pain doctor notes that Lyrica specifically has been beneficial in reducing painful tingling sensations in the lower extremity. Reports reflect that with meds, pain goes down from 10/10 to 7/10. However, multiple reports reflect various degrees between. It is noted that there has been multiple UR disputes over the use of meds and TENS to treat this patients chronic pain symptoms. In review of the 10/29/13 Utilization Review report, there is a modification of the Lyrica request from 120 tablets to 60. The purpose of the modification is to allow for weaning. The rationale is that prior reports indicate that there has not been a favorable response to use of Lyrica. On review of the multiple UR reports that have been done on use of Lyrica, the basis for recommendation of discontinuance of this drug is that there has not been a 50% reduction in pain symptom. No reports from the treating pain physician indicate that there has been an unfavorable response to Lyrica, or that it has not been tolerated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrice 75 MG # 120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Page(s): 16-22.

Decision rationale: The current request is for Lyrice, an antiepileptic drug that is considered first-line treatment for neuropathic pain, per the CA MTUS. This medication has been prescribed by the pain specialist treating this patient for years following P & S status, with report of benefit in reducing neuropathic symptoms and assisting in reducing overall pain from 10/10 to 7/10. Multiple UR reports suggest that this drug has not been effective, because a 50% reduction in pain has not been documented, and therefore, the UR physicians opined that the drug should be weaned and then discontinued. I disagree with this interpretation of guidelines, as there is no recommendation in the CA MTUS for this drug that states if there is less than a 50% reduction in symptoms, it should be discontinued. It simply states that a "good response" would be considered 50% reduction, and a "moderate response" would be considered a 30% reduction. With a moderate response, the CA MTUS recommends consideration of switching to a different 1st line agent or combination therapy. This patient has clear documented benefit with this 1st line agent, and combination therapy is being done. Medical necessity for ongoing use of Lyrice is established.