

Case Number:	CM14-0112872		
Date Assigned:	08/01/2014	Date of Injury:	08/15/2008
Decision Date:	09/10/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/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 injured worker is a 38-year-old female who reported an injury on 08/15/2008. The mechanism of injury was not stated. Current diagnoses include status post right 5th digit laceration injury, complex regional pain syndrome and adjustment disorder. The injured worker was evaluated on 06/23/2014. The current medication regimen includes Lyrica and Lidoderm. Previous conservative treatment also includes interferential stimulation and TENS therapy. Physical examination revealed persistent hyperalgesia in the right upper extremity with dysesthesia. Treatment recommendations included continuation of the current medication regimen and additional supplies for the TENS/interferential unit. There was no DWC Form RFA submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg, #30 tablets, 1 tab by mouth at bedtime, 30 day supply, related to right upper extremity/right fifth digit injury/symptoms: Upheld

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

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

Decision rationale: California MTUS Guidelines state "Lyrica has been documented to be effective in treatment of diabetic neuropathy and post-herpetic neuralgia." As per the documentation submitted, the injured worker has continuously utilized this medication since 02/2014. Although the injured worker reports an improvement in symptoms, there was no documentation of objective functional improvement. The injured worker's physical examination continues to reveal hyperalgesia, dysesthesia and weakness. Based on the clinical information received, the request is not medically necessary.