

<b>Case Number:</b>	CM14-0113415		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/18/2009
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 55 year old female with a date of injury on 9/18/2009. The patient is being treated for reflex sympathetic dystrophy of the right lower extremity. Subjective complaints are of persistent right lower extremity burning pain and pressure and spasm in the foot. Pain is reported at 7/10. Physical exam shows the patient ambulates on crutches, right leg allodynia, and right leg looks darker than the left. Medications include Vicodin, trazodone, and previously was on Neurontin. The Neurontin was documented as being helpful, but was previously non-certified. Request is for Lyrica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 50 mg #60:** Overturned

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

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) suggests Lyrica and other antiepileptic drugs (AED) are recommended for neuropathic pain. California MTUS does add that following initiation of treatment there should be documentation of at least 30%

pain relief and functional improvement. The continued use of an AED for neuropathic pain depends on these improved outcomes. California MTUS also indicates that treatment for complex regional pain syndrome (CRPS) includes the use of antidepressants, anticonvulsants, and opioids which have been primarily extrapolated based on use for other neuropathic pain disorders. Review of the submitted medical records identifies improvement with AEDs and the patient has a diagnosis consistent with the use of this class of medication. Therefore, the medical necessity for Lyrica is established.