

Case Number:	CM14-0129788		
Date Assigned:	08/20/2014	Date of Injury:	07/16/2013
Decision Date:	09/25/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/14/2014

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 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 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 37-year-old female with a reported date of injury of 07/16/2013. The mechanism of injury was noted to be a slip and fall. Her diagnoses were noted to include pain in the ankle joint, foot pain, neck pain, and long-term use of medications. Her previous treatments were noted to include chiropractic treatment, acupuncture, physical therapy, and medications. The progress note dated 07/14/2014 revealed complaints of numbness and tingling and cervical neck pain that had worsened. The injured worker complained of right-sided pain that radiated into her trapezius parascapular region. The injured worker indicated she had tried to use heating pads in her medications. However, she stated the Lyrica made her drowsy so she was unable to use it during work. The injured worker continued to have severe left ankle pain that was worse with weight bearing and walking. The physical examination revealed normal muscle tone without atrophy in the upper and lower extremities. The request for authorization form dated 08/19/2014 was for Lyrica 75 mg #50 with 3 refills of #60 each for burning pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #50 with 3 refills of #60 each: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute. Ankle & foot (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 Aug19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request for Lyrica 75 mg #50 with 3 refills of #60 each is not medically necessary. The injured worker has been utilizing this medication for burning pain. The California MTUS Chronic Pain Medical Treatment Guidelines recommend antiepilepsy drugs for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized control trials for the use of this class of medication for neuropathic pain have been directed at post-herpetic neuralgia and painful polyneuropathy. There are few randomized control trials directed at central pain and none for painful radiculopathy. The injured worker indicated the Lyrica worked well for her burning pain, although she could not take it during the day due to sedation. However, the request failed to provide the frequency at which this medication was to be utilized. Therefore, the request is not medically necessary.