

Case Number:	CM14-0158549		
Date Assigned:	10/02/2014	Date of Injury:	04/28/2006
Decision Date:	11/06/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/26/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist pain, hand pain, and chronic regional pain syndrome reportedly associated with an industrial injury of April 28, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; adjuvant medications; unspecified amounts of physical therapy over the course of the claim; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated September 10, 2014, the claims administrator issued a partial approval for Lyrica, an anticonvulsant adjuvant medication. The claims administrator stated that the applicant was not achieving requisite analgesia through ongoing Lyrica usage. The applicant's attorney subsequently appealed. In an August 29, 2014 progress note, the applicant reported 5-7/10 pain. The applicant stated that Lyrica was providing "functional pain control." The applicant had a BMI of 29. Tenderness and pallor were noted about the injured right wrist with full range of motion appreciated about the same. Lyrica was renewed. The attending provider suggested, albeit incompletely, that the goals of Lyrica therapy were to improve mobility, self-care, and ability to perform recreational activities and housework with the same. The applicant was asked to continue conservative treatment to include home exercises and stretching. The applicant was permanent and stationary, it was noted. It did not appear that the applicant was working with permanent limitations in place, although this was not clearly stated. In a June 6, 2014 progress note, it was again stated that the applicant was deriving "good pain control" from current pain medications. Large portions of the note were somewhat templated, the attending provider did again state that Lyrica was generating some improvements in functionality, including ameliorating the applicant's ability to perform household chores and housework. Lyrica was renewed on this occasion as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Lyrica 100mg #90 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (pregabalin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 99.

Decision rationale: 1. Yes, the request for Lyrica, an anticonvulsant adjuvant medication, is medically necessary, medically appropriate, and indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, pregabalin or Lyrica is considered a first-line treatment for neuropathic pain, as is reportedly present here. The attending provider has, furthermore, posited that ongoing usage of Lyrica has attenuated the applicant's upper extremity neuropathic pain symptoms associated with complex regional pain syndrome and is, furthermore, ameliorating the applicant's ability to grip, grasp, and perform household chores. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.