

Case Number:	CM14-0178262		
Date Assigned:	10/31/2014	Date of Injury:	09/21/2013
Decision Date:	12/08/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/27/2014

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:

This patient is a 38 year old male who has developed a neuropathic pain syndrome subsequent to a crush injury on 9/21/13. He has been diagnosed with a peroneal nerve injury and he has had persistent swelling associated with activity levels. He also has hyperesthesia and allodynia. Medications utilized include Norco 1-2 tabs per week and a topical NSAID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg PO BID #60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 19-20.

Decision rationale: MTUS Guidelines support the use of Lyrica for Neuropathic pain. This patient meets the Guideline criteria for at least a trial of Lyrica. There is no Guideline support for a denial, the Lyrica 50mg BID #60 with 1 refill is medically necessary.