

Case Number:	CM14-0178367		
Date Assigned:	10/31/2014	Date of Injury:	05/24/2011
Decision Date:	12/08/2014	UR Denial Date:	10/01/2014
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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 44 year old male who reported an injury on 05/24/2011. The mechanism of injury was a heavy object fell on his left foot. His diagnoses were noted to include abnormality of gait, sciatica and sprain/strain of sacroiliac ligament. His past treatments were noted to include physical therapy, work modification, immobilizer, ace wrap, surgery, crutches, semi-custom shoes with custom orthotics and medication. His diagnostic studies were noted to include X-rays of the left foot, taken the day of the injury, which revealed a fracture of the first metatarsal. He is status post open reduction internal fixation of the left first metatarsal dated 06/01/2011. During the evaluation dated 09/24/2014, the injured worker complained of low back and right foot pain, rated 7-8/10, with numbness and tingling. The physical examination revealed tenderness to palpation in the midline at lower lumbar levels L3-S1. His range of motion in the lumbar spine revealed forward flexion of 45 degrees, extension of 15 degrees, lateral bending to the left of 15 degrees and to right of 15 degrees. His motor strength testing revealed left and right hip flexion was 4/5, left and right knee extension was 4/5. His sensation was intact to light touch in dermatomes L3-S1 bilaterally. His patellar reflexes were 2+ bilaterally and his sciatic joint compression test was positive. His medication was noted to include Lyrica 50mg, ibuprofen and omeprazole. The treatment plan was to continue with the Lyrica, ibuprofen, omeprazole, work modification and physical therapy. The rationale for Lyrica was to provide pain control. The Request for Authorization form was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Start Lyrica 50mg #60: Upheld

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

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

Decision rationale: The request for Lyrica 50mg #60 is not medically necessary. The injured worker was noted to have neuropathic pain in his low back and right foot. He has been using Lyrica since 09/18/2014. The California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. The guidelines state Gabapentin should be the first-line medication for neuropathic pain, but Lyrica may be used if there is inadequate response, intolerance, hypersensitivity or contraindications to Gabapentin. After initiation of an anti-epilepsy drug, there should be documentation of pain relief, improvement in function, and side effects incurred with use. The continued use of anti-epilepsy drugs depends on improved outcomes versus tolerability of adverse effects. During the evaluation dated 09/24/2014, the injured worker complained of low back and right foot pain, rated 7-8/10, with numbness and tingling. Since the start of Lyrica on 09/18/2014, there has been no documentation of a detailed assessment with the current pain on a visual analog scale (VAS), average pain, intensity of pain, or longevity of pain relief. There was also a lack of documentation regarding improved function, ability to perform activities of daily living or adverse side effects from the use of Lyrica. There was no clinical documentation provided that indicated the injured worker had tried Gabapentin prior to using Lyrica and had an inadequate response. Furthermore, the frequency was not provided with the request. Due to the lack of pertinent information, the use of Lyrica is not supported by the guidelines and is therefore not medically necessary.