

Case Number:	CM14-0024535		
Date Assigned:	06/11/2014	Date of Injury:	04/17/2008
Decision Date:	07/15/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/26/2014

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 Texas. 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 28 year old male injured on 4/17/08 when he suffered an electrocution injury while working on power lines. The injured worker complained of neuropathic pain in the right upper extremity, shoulder, bilateral lower extremities, and feet. The injured worker also reported significant memory difficulties, psychiatric issues consistent with post-traumatic stress disorder, and intermittent cardiac complaints associated with hypotension and tachycardia. Current diagnoses included costochondritis, electrocution/non-fatal effect, neuralgia, and post-traumatic mental disorder. Clinical note dated 12/03/13 indicated the injured worker presented with continued intermittent dizziness, right shoulder pain, arm pain, chest wall pain, and leg pain. The injured worker reported knee pain had improved since previous evaluation. The injured worker reported improvement in palpitations and sweating with utilization of increased dose of Inderal and occasional onset of chest pain associated with a shortness of breath; however, had forgotten to utilize inhalers during these episodes. Medications included Inderal 10mg, Ultram ER 100mg, Celebrex 20 200mg, Lyrica 50mg, and albuterol metered dose inhaler. The initial request for Inderal 10mg #112 with three refills and Lyrica 50mg #112 with three refills was initially non-certified on 02/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

INDERAL 10MG #112 WITH 3 REFILLS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Clinical Guideline Center. National Institute for Health and Clinical Excellence (NICE); 2011 July, page 34.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Epocrates.com.

Decision rationale: Per current guidelines, the use of Inderal as a betablocker is indicated for the treatment of angina and hypertension. The documentation indicates the injured worker reported improvement in palpitations and sweating with utilization of increased dose of Inderal. It is unknown the reason for denial of the third refill. As such, the request for Inderal 10mg #112 with 3 refills is recommended as medically necessary.

LYRICA 50MG #112 WITH 3 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS.

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

Decision rationale: As noted on page 99 of the Chronic Pain Medical Treatment Guidelines, Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy, postherpetic neuralgia, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. The documentation establishes objective findings consistent with neuropathic pain. As such, the request for Lyrica 50mg #112 with 3 refills is recommended as medically necessary.