

Case Number:	CM14-0049540		
Date Assigned:	07/02/2014	Date of Injury:	07/27/2008
Decision Date:	09/17/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/15/2014

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 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 64-year-old male who reported an injury on 07/27/2008 due to an unspecified mechanism of injury. On 03/03/2014, he presented for a follow-up for shoes and medications. His medications included Omeprazole, Glyburide, Metformin, Actor, Atenolol, Hydrochlorothiazide, Cozaar, Lipitor once a day, Dendracin as directed, Zeasorb-AF 2%, Ketoconazole Topical 2+ Cream, Lidoderm 5% Film, Tizanidine 4 Mg, Cymbalta 20 Mg, Lyrica 50 Mg, Gabapentin 200 Mg, and Tylenol extra strength 500 mg. A physical examination revealed antalgic gait with the use of a cane, and that the injured worker was able to sit for 15 minutes without any limitations or evidence of pain. Bilateral feet were noted to be guarded with wraps. The treatment plan was for Lyrica capsules 50 mg, 1 by mouth twice a day #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica capsule 50 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation PDR.

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

Decision rationale: The request for Lyrica capsules 50 mg 1 by mouth twice a day #60 is not medically necessary. The injured worker was noted to have a history of diabetes, hypertension, and complex regional pain syndrome in the right foot, tenosynovitis, distal posterior tibial tendon, and Achilles tendon. The California MTUS Guidelines state that Lyrica is documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia, and is considered a first-line treatment for both. It was also approved to treat fibromyalgia. Based on the clinical information submitted for review, the injured worker was not noted to have any signs of diabetic neuropathy, postherpetic neuralgia, or fibromyalgia to indicate the use of this medication. In addition, the injured worker was noted to be taking several medications to address his pain symptoms. The request for Lyrica in addition to those medications is unclear. Furthermore, there was a lack of documentation regarding objective functional improvement with the use of this medication to support continued use. In the absence of this information, the request would not be supported by the evidence-based guidelines. As such, the request is not medically necessary.