

Case Number:	CM14-0079575		
Date Assigned:	07/18/2014	Date of Injury:	09/08/2000
Decision Date:	08/15/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/30/2014

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 Anesthesia, has a subspecialty in Acupuncture and Pain 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:

36y/o male injured worker with date of injury 9/8/00 with related right lower extremity pain. Per progress report dated 4/23/14, the injured worker reported a flare up of pain and hypersensitivity in the right lower extremity as well as swelling and redness. Per physical exam, he presented with +1 edema in the right lower extremity with erythema and ongoing allodynia symptoms to light touch and summation of pinprick. There was atrophy of the right thigh and calf by comparison to the left. Deep tendon reflexes remained at 1 at the knees and ankles. Range of motion of the right knee was limited. He was status post right anterior cruciate ligament repair with disruption of the saphenous nerve with development of severe complex regional pain syndrome. Imaging studies were not available in the documentation submitted for review. Treatment to date has included chiropractic therapy, aquatherapy, TENS, home exercise program, psychotherapy, right knee surgery, spinal cord stimulator, sympathetic nerve blocks, assistive device for ambulation, physical therapy, and medication management. The date of UR decision was 5/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 300mg, 60 capsules: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment for Worker's Compensation, Online Edition Chapter: Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-17, 99.

Decision rationale: Per MTUS CPMTG, "Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia." According to MTUS CPMTG p16, Antiepilepsy drugs (AEDs) are recommended for neuropathic pain. The documentation submitted for review supports the use of this medication for the injured worker's neuropathic pain. Per MTUS CPMTG p17, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." Per progress report dated 4/23/14, the injured worker reported at least 50% functional improvement while taking medications versus not taking them, as well as a 50% reduction in pain. Edema is a side effect of Lyrica and has been addressed. It was part of the reason for denial, however it is well tolerated. The request is medically necessary.