

Case Number:	CM14-0079665		
Date Assigned:	07/18/2014	Date of Injury:	03/31/2009
Decision Date:	08/15/2014	UR Denial Date:	05/20/2014
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 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 case involves a male injured worker who sustained an injury on 03/31/2009. Per the pain specialist progress report, the injured worker presented with chief complaint of groin, low back and chronic neck pain. He was previously taking Tramadol with noted relief. However, his workers' compensation insurance denied the medication. He continues to take Lyrica. The injured worker was authorized for a surgical consultation to address his testicle pain. At the time of the exam the surgeon recommended to remove his testicle to alleviate the pain. His symptoms were unchanged with a Visual Analog Scale (VAS) was 4/10 with 40% functionality. He previously tried hydrocodone, ice, physical therapy and steroid injections with noted pain relief. The injured worker underwent bilateral inguinal hernia repair on 12/21/2010 and an ilioinguinal and iliohypogastric neurectomy x 2 in August 2013. The ilioinguinal and iliohypogastric neurectomy surgery provided 50% relief with the burning in the lower extremities. During the examination he was in no acute distress, gait revealed slow cadence and limited stride, and toe and heel walk was normal. All major muscle groups of the bilateral upper and lower extremities had normal symmetric strength, bulk and tone. Reflex sensation was normal and bilateral straight leg raises were negative for radicular pain or paresthesias. There was limited lumbar pain-free range of motion and lumbar paraspinal tenderness. Diagnosis included: Chronic right ilioinguinal neuralgia pain following a work injury; status post bilateral hernia repair and status post right ilioinguinal / hypogastric neurectomies x 3 ; chronic neck pain, status post anterior cervical discectomy and fusion (ACDF) at C4-5; cervical spondylosis; chronic migraines; lumbar spondylosis; chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg 2, three times per day: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16 and 20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) section Page(s): 16-20.

Decision rationale: The claims administrator reported that at the time of the examination there was little evidence to support the injured worker's reported peripheral neuropathy and little evidence to show increased functionality with the use of Lyrica since 05/19/2013. The injured worker's chief complaint and primary diagnosis included neuropathic pain. In addition, the treatment with Lyrica has been beneficial and the injured worker has been able to minimize the use of habit forming medications. The MTUS Guidelines support the use of Lyrica for treatment of diabetic neuropathy and postherpetic neuralgia. Antiepileptic drugs are recommended for the treatment of neuropathic pain. Based on the clinical reports, the injured worker does appear to have neuropathic pain and the use of Lyrica has provided increased functionality. The request for Lyrica, 75mg 2, three times per day #180 is determined to be medical necessary.