

Case Number:	CM14-0138388		
Date Assigned:	09/05/2014	Date of Injury:	03/15/2010
Decision Date:	01/02/2015	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/26/2014

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 Emergency 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:

The injured worker is a 45 year-old female, who sustained an injury on March 15, 2010. The mechanism of injury is not noted. Pertinent diagnostics are not noted. Treatments have included: right ankle reconstruction, physical therapy, medications. The current diagnoses are: chronic right ankle and foot pain, s/p Brostrum surgery, neuritis/neuroma right ankle/foot. The stated purpose of the request for Lyrica 75 mg # 90 was for pain relief. The request for Lyrica 75 mg # 90 was modified for QTY # 75 on August 22, 2014, citing a lack of documentation of adequate percentage of functional improvement. The stated purpose of the request for Vicodin 75/325 mg # 60 was for pain relief. The request for Vicodin 75/325 mg # 60 was denied on August 22, 2014, citing a lack of documentation of functional improvement. Per the report dated August 15, 2014, the treating physician noted complaints of chronic foot and ankle pain, with 50% improvement from Lyrica. The requested Lyrica 75 mg # 90 is not medically necessary. Per CA MTUS Chronic Pain Treatment Guidelines, The injured worker has chronic right ankle and foot pain. The treating physician has documented 50% pain improvement with Lyrica. The criteria noted above not having been met, Lyrica 75 mg # 90 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Lyrica 75mg, #90: Overturned

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

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

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Pregabalin, Page 99, recommend this medication for the treatment of "neuropathy and postherpetic neuralgia. The injured worker has chronic right ankle and foot pain. The treating physician has documented 50% pain improvement with Lyrica, which meets the criteria for continued use. The criteria noted above having been met, Lyrica 75 mg # 90 is medically necessary.

One prescription of Vicodin 75/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Opioids for Chronic Pain Page(s): 78-82.

Decision rationale: The requested Vicodin 75/325 mg # 60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic right ankle and foot pain. The treating physician has documented 50% pain improvement with Lyrica. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Vicodin 75/325 mg # 60 is not medically necessary.