

Case Number:	CM14-0189202		
Date Assigned:	11/20/2014	Date of Injury:	09/11/1998
Decision Date:	01/08/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/12/2014

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 and Rehabilitation, has a subspecialty in California 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 patient is a 55 year old female with an injury date of 09/11/98. The 09/22/14 progress report states that patient presents with continued total body pain, chronic fatigue, sleep problems and morning gel phenomenon-minutes. The patient is not working. Examination reveals rheumatoid arthritis deformities hands and wrists. The patient's diagnoses include:1. Sciatica2. Rheumatoid arthritis3. Myalgia and myositisThe utilization review being challenged is dated 10/27/14. Reports were provided from 04/23/14 to 09/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS Medications for chronic pain Page(s): 60,61.

Decision rationale: The patient presents with total body pain, chronic fatigue, sleep problems and morning gel phenomenon. The treater requests for LYRICA 75 mg #180. Two Requests for Authorization are included for Lyrica dated 07/08/14 and 09/22/14.MTUS pages 19-20 states that" Pregabalin (Lyrica) has been documented to be effective in the treatment of diabetic

neuropathy and postherpetic neuralgia..." ODG, Pain Chapter, Pregabalin, state that this medication is "Recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain." In this case, the treater does not discuss this request. The patient does have a diagnosis of Sciatica and presumably the medication is for neuropathic pain; however, the reports do not state this. It appears the patient has been prescribed this medication since at least 04/23/14, but the treater does not discuss whether or not the medication helps the patient. MTUS page 60 states that pain and function must be recorded when medications are used for chronic pain. Recommendation is for denial.