

Case Number:	CM14-0189477		
Date Assigned:	11/20/2014	Date of Injury:	06/04/2013
Decision Date:	05/01/2015	UR Denial Date:	11/05/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 51 year old female who sustained an industrial injury on 06/04/13. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not discussed. Current complaints include neck, low back, and bilateral lower extremities pain. In a progress note dated 11/15/14 the treating provider reports the plan of care as a stellate ganglion block, an home exercise program, and medications to include tramadol, Lyrica, Relafen, and Nucynta. The requested treatment is Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Lyrica.

Decision rationale: Pursuant to the Official Disability Guidelines, Lyrica 50 mg #60 is not medically necessary. Lyrica is recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain. Lyrica is an AED effective in diabetic neuropathy and postherpetic neuralgia. Lyrica is associated with a modest increase in the number of patients experiencing meaningful pain reduction. In this case, right-hand pain; right shoulder pain; complex regional pain syndrome right upper extremity; and status post right shoulder dislocation. A September 30, 2014 progress note indicates the treating provider was going to discontinue Lyrica due to an adverse reaction and limited benefit. The VAS pain scale was 3/10. In a subsequent progress note dated October 28, 2014, the injured worker was still taking Lyrica. There is no further documentation of an adverse reaction. The VAS pain scale remained unchanged at 3/10 with medications. There is no objective evidence of functional improvement with ongoing Lyrica documented in the record. Consequently, absent compelling clinical documentation with objective functional improvement with a documented adverse reaction and limited benefit by the treating provider, Lyrica 50 mg #60 is not medically necessary.