MAXIMUS Federal Services

Case Number:	CM14-0194129		
Date Assigned:	12/01/2014	Date of Injury:	09/29/2006
Decision Date:	01/16/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/19/2014

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:

The applicant is a represented [redacted] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of September 29, 2005.In a Utilization Review Report dated October 24, 2014, the claims administrator failed to approve a request for Lyrica. The claims administrator referenced an August 25, 2014 progress note in its denial and seemingly stated that it was denying Lyrica on the grounds that the attending provider failed to document functional benefit from the same and/or failed to document the presence of neuropathic pain for which Lyrica could be employed.The applicant's attorney subsequently appealed.In an August 8, 2014 RFA form, authorization for sought for Desyrel, Zofran, Flexeril, Cymbalta, and Lyrica. In an attached progress note of August 7, 2014, the applicant reported ongoing complaints of neck and shoulder pain. Palpable tender points were noted about the neck and shoulder region with 5/5 upper extremity strength. The applicant was asked to continue Desyrel, Flexeril, Cymbalta, and Lyrica. It was stated that both Cymbalta and Lyrica were being employed for neuropathic pain purposes. Trigger point injections were performed. The applicant was asked to remain off of work for the next one plus year.In an earlier note dated May 8, 2014, the applicant was again asked to continue Desyrel, Flexeril, Cymbalta, and Lyrica. Trigger point injection therapy was again performed. The applicant was again asked to remain off of work for greater than one year. There was no explicit discussion of medication efficacy on this date, either.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 200mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica, no generic available) Page(s): 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) section, Functional Restoration Approach to Chronic Pain Management section.

Decision rationale: While page 19 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Lyrica is considered a first-line treatment for neuropathic pain, in particular neuropathic pain associated with diabetic neuropathy and/or postherpetic neuralgia, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is off of work. The attending provider failed to incorporate any explicit discussion of medication efficacy into several progress notes, referenced above, including those dated August 7, 2014 and May 8, 2014. The fact that the applicant was placed off of work, on both occasions, however, and remained dependent on so many different analgesic and adjuvant medications, including Desyrel, Flexeril, Cymbalta, Lyrica, coupled with the fact that the applicant was receiving trigger point injections frequently, taken together, implied a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lyrica. Therefore, the request was not medically necessary.