

Case Number:	CM14-0208299		
Date Assigned:	12/19/2014	Date of Injury:	07/01/2004
Decision Date:	02/18/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/11/2014

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, elbow pain, and alleged sleep disturbance reportedly associated with cumulative trauma at work between the dates August 2000 through April 10, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; a proton pump inhibitor; a cane; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In the Utilization Review Report dated November 11, 2014, the claims administrator denied a request for Lyrica, invoking non-MTUS ODG Guidelines, despite the fact that the MTUS addressed the topic. In an April 7, 2014 progress note, it was acknowledged that the applicant was represented and had remained off of work, on total temporary disability, since 2007 owing to multifocal pain complaints. The elbow, shoulders, hands, wrists, fingers, and neck were among the pain generators present on this date. The applicant was using Motrin, Ambien, Ativan, and topical agents, it was incidentally noted. On August 15, 2014, the applicant reported 7/10 multifocal pain complaints. Prilosec was reportedly being used for reflux. Lyrica was endorsed on this date. Prilosec and Lidoderm were refilled. The note was very difficult to follow and not entirely legible. There was no discussion of medication efficacy present on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online version, Pregabalin (Lyrica)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Functional Restoration Approach to Chronic Pain Management Page(s): 99; 7.

Decision rationale: 1. No, the request for Lyrica (pregabalin) was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is a first line treatment for neuropathic pain, 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 its choice of recommendations. Here, however, the applicant was/is off of work, despite ongoing usage of Lyrica. The applicant had not worked since 2007, it was established, above. The attending provider's handwritten progress notes did not establish the presence of any meaningful or material improvements in function achieved as a result of ongoing Lyrica usage. The fact that the applicant remained off of work, despite ongoing Lyrica usage, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.