

Case Number:	CM14-0046996		
Date Assigned:	07/02/2014	Date of Injury:	02/08/2013
Decision Date:	05/08/2015	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/14/2014

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 24-year-old am who reported an injury on 02/11/2013. The mechanism of injury was not provided. The treatments included physical therapy and chiropractic care. The prior medications included tramadol, naproxen, Lyrica, and omeprazole since at least 01/2014. The documentation of 02/14/2014 revealed the injured worker was status post stellate ganglion block on 01/08/2014. The injured worker had continued pain in the right hand. The injured worker had vasomotor changes and allodynia per physical examination. The diagnoses included wrist sprain and strain, and sprain and strain of forearm. The treatment plan included tramadol 50 mg, LidoPro, a continuation of physical therapy, and a repeat of the stellate ganglion block. The documentation of 01/16/2014 revealed the injured worker had a recent stellate ganglion block and had decreased burning. The discoloration continued and the injured worker had allodynia. The diagnosis included CRPS. The treatment plan included a continuation of tramadol, naproxen, and Lyrica.

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 Antiepilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend anti-epilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review failed to indicate the injured worker had an objective decrease in pain of at least 30% to 50%, and there was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lyrica 200 mg #90 is not medically necessary.