

Case Number:	CM15-0100748		
Date Assigned:	06/03/2015	Date of Injury:	08/15/2013
Decision Date:	07/02/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/26/2015

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

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 injured worker is a 52 year old male, who sustained an industrial injury on 8/15/2013. The current diagnoses are post-traumatic headaches, status post electric shock of the bilateral upper limbs, and carpal tunnel nerve damage. According to the progress report dated 12/9/2014, the injured worker complains of frequent pain in multiple body parts, including his hand (10/10), neck (10/10), jaw (8/10), face (9/10), left shoulder (9/10), left upper limb (9-10/10), low back and left buttocks (10/10), bilateral lower limbs (10/10), and left foot (10/10). He reports tingling of the scalp, bilateral ears, neck, left shoulder, buttocks, and left lower limb. He reports weakness of the left arm and left leg. The physical examination reveals diminished sensation over the left foot, trace deep tendon reflexes, and absent Babinski reflexes. Treatment to date has included medication management electrodiagnostic testing. The plan of care includes prescriptions for Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica (no dosage provided): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Section Page(s): 16-20.

Decision rationale: The MTUS Guidelines support the use of Lyrica for the treatment of diabetic neuropathy and postherpetic neuralgia. Antiepileptic drugs are recommended for the treatment of neuropathic pain. Lyrica is also recommended for post-traumatic headaches. While the injured worker may be a candidate for Lyrica based on the available documentation, this request does not include the dosage or number of pills requested. The request for Lyrica (no dosage provided) is determined to not be medically necessary.