

Case Number:	CM15-0101857		
Date Assigned:	06/04/2015	Date of Injury:	11/09/1997
Decision Date:	07/07/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/27/2015

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: Texas, New York, 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 63-year-old who has filed a claim for chronic knee, shoulder, and arm pain with derivative complaints of fibromyalgia (FM) and morbid obesity reportedly associated with an industrial injury of November 9, 1997. In a Utilization Review report dated May 22, 2015, the claims administrator referenced a RFA form received on May 15, 2015 and an associated progress note of April 23, 2015 in its determination. The applicant's attorney subsequently appealed. On April 23, 2015, the applicant was given refills of Norco and Lyrica. The stated diagnoses were advanced knee arthritis, fibromyalgia, morbid obesity, a historical humeral fracture, and a tooth fracture. Severe, 8/10 pain was reported in the clinic with 2 to 3/10 pain reported with the medications. The applicant was using a wheelchair to move about owing to her heightened pain complaints, it was reported. The applicant's work status was not detailed, although it did not appear that the applicant was not working. The applicant was described as not doing well. In an early note dated February 25, 2015 it was again stated that the applicant had severe multifocal pain complaints superimposed on issues with morbid obesity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

Decision rationale: No, the request for Lyrica, an anticonvulsant and adjuvant medication, 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 recommended in the treatment of diabetic neuropathy and postherpetic neuralgia and, by analogy, in the treatment of neuropathic pain conditions in general, this recommendation is, however, 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 efficacy of medication into his choice of recommendations. Here, however, the applicant was seemingly off of work, despite ongoing usage of Lyrica (pregabalin). The applicant continued to report difficulty performing activities of daily living as basic as standing and walking, it was reported on April 23, 2015, at which point, the applicant was using wheelchair to move about. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption, these reports were, however, outweighed by the attending provider's failure to delineate the applicant's work status and the applicant's continued dependence on opioids agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e despite ongoing usage of Lyrica. Therefore, the request was not medically necessary.