

Case Number:	CM15-0104552		
Date Assigned:	06/08/2015	Date of Injury:	10/31/2000
Decision Date:	07/09/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/01/2015

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: Physical Medicine & Rehabilitation

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 43 year old female, who sustained an industrial injury on October 31, 2000. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having fibromyalgia, complex regional pain in all four extremities, chronic pain - other and chronic pain syndrome. Diagnostic studies to date have included x-rays and electrodiagnostic studies. Electrodiagnostic studies that were performed in 2006 revealed right-sided median motor neuropathy. Treatment to date has included a spinal cord stimulator, a stellate ganglion block, and medications including anti-epilepsy, anti-anxiety, antidepressant, and non-steroidal anti-inflammatory. On January 13, 2015, the injured worker complains of low back pain and right foot pain. In addition, she complains of constant bilateral upper extremities pain. Associated symptoms include muscle weakness, numbness, burning pain, and allodynia in the right upper extremity with color change, hypersensitivity, swelling, temperature change which is no colder, and tremors. The pain on average since the last visit is rated: 5/10 with medications and 10/10 without medications. Her spinal cord stimulator provides some relief, with tremors noted when it is on. Her gait is slow. There are bilateral spandex wrist splints. The physical exam revealed tenderness to palpation of the bilateral upper extremities, and normal range of motion of the bilateral elbows, bilateral wrists, and bilateral hands. The bilateral arm range of motion was painful. There was decreased motor strength in the right upper extremity. Allodynia was present in the right upper extremity. The requested treatment is Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica), page 100.

Decision rationale: Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This anti-epileptic medication may be helpful in the treatment of radiculopathy and would be indicated if there is documented significant benefit. It appears the medication has been prescribed for quite some time; however, there is no documented functional improvement as the patient continues with constant severe significant pain level and remains functionally unchanged for this chronic injury of 2000. Submitted medical report has not adequately demonstrated indication and functional benefit to continue ongoing treatment with this anti-epileptic. The Lyrica 50mg, #30 is not medically necessary and appropriate.