MAXIMUS Federal Services

Case Number:	CM15-0131799		
Date Assigned:	07/20/2015	Date of Injury:	12/01/2008
Decision Date:	08/28/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/08/2015

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 60-year-old who has filed a claim for chronic shoulder and neck pain reportedly associated with an industrial injury of December 1, 2008. In a Utilization Review Report dated June 24, 2015, the claims administrator failed to approve a request for Lyrica. An April 13, 2015 office visit and an associated RFA form of the same date were referenced in the determination. The applicant's attorney subsequently appealed. On said April 13, 2015 RFA form, Lyrica was endorsed. An associated progress note of April 13, 2015 stated that the applicant was feeling much better on Lyrica. The applicant stated that she was feeling much happier with the same. The applicant's problem list included chronic neck pain, knee chondromalacia, reflex sympathetic dystrophy, rotator cuff syndrome, and tension headaches, it was reported. The applicant's medications included Cymbalta, Neurontin, Lyrica, Augmentin, Amrix, Zithromax, Flonase, Limbrel, and Phenergan with Codeine syrup, it was reported. It was not clear when the applicant's medication had last been updated. The applicant was asked to continue Lyrica and follow up in six months. The applicant's work status was not detailed. In a March 9, 2015 progress note, the attending provider stated that he was reverting back to Lyrica on the grounds that previously provided Neurontin had proven intolerable and had generated various adverse effects. Once again, the applicant's work status was not reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs-Anti-Convulsants Page(s): 16-17, 19-20.

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

Decision rationale: Yes, the request for Lyrica (pregabalin) was medically necessary, medically appropriate, and indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, pregablin or Lyrica is a first-line treatment for postherpetic neuralgia and diabetic neuropathy and, by analogy, neuropathic conditions or neuropathic pain complaints in general. Here, the applicant was described as having upper extremity pain complaints associated with reflex sympathetic dystrophy (RSD). An April 13, 2015 progress note seemingly suggested that the applicant's pain complaints were significantly ameliorated as a result of introduction of Lyrica. The applicant stated that she felt like a "new person," it was reported, apparently achieved or affected as a result of introduction of Lyrica. While it is acknowledged that the attending provider's April 13, 2015 progress note did not incorporate discussion of other markers of functional improvement, such as the applicant's work status, the reports of remarkable pain relief effected as a result of ongoing Lyrica usage, coupled with the attending provider's previous reports of adverse effects with another anticonvulsant adjuvant medication, gabapentin, did make a compelling case for continuation of Lyrica as of the April 13, 2015 office visit in question. Therefore, the request was medically necessary.