

Case Number:	CM15-0142946		
Date Assigned:	08/03/2015	Date of Injury:	11/10/2012
Decision Date:	08/31/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/23/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 47 year old male, who sustained an industrial injury on 11-10-2012. The injured worker was diagnosed as having left leg reflex sympathetic dystrophy, right piriformis syndrome (improved), and L5-S1 laminectomy with an osteophyte. Treatment to date has included diagnostics, lumbar spinal surgery in 10-2014, physical therapy, right piriformis block 4-28-2015, and medications. An Agreed Medical Evaluation report (6-09-2015) noted record review with a recommendation to see a specialist for his liver or internal medicine specialist. Current medications included Trazadone, Tizanidine, Lyrica, Omeprazole, Venlafaxine, Buspirone, and Lidocaine ointment. The PR2 report (6-16-2015) noted a complaint of low back pain, not rated. Physical exam noted left leg reflex sympathetic dystrophy skin changes. The treatment plan included to hold off on any pain medication, noting elevated liver function tests. Repeat blood work was recommended. He had not yet seen his family physician or an internist. His work status was total temporary disability. A request was submitted for the use of Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100mg (unspecified quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnosis. The claimant had been on Lyrica along with other analgesics. There is no indication for continued use and the Lyrica is not medically necessary.