

Case Number:	CM15-0206537		
Date Assigned:	10/23/2015	Date of Injury:	07/24/2008
Decision Date:	12/10/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/21/2015

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: North Carolina, Georgia
 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:

This is a 47 year old male with a date of injury of July 24, 2008. A review of the medical records indicates that the injured worker is undergoing treatment for post concussive syndrome, right elbow fracture with surgical repair and residual stiffness and neuropathic pain, right wrist fracture with surgical repair and residual stiffness, lumbar strain and right radiculopathy, right lower extremity atrophy and weakness, right knee sprain and strain, and chronic pain syndrome. Medical records (July 30, 2015; August 26, 2015; September 24, 2015) indicate that the injured worker complained of lower back pain, right elbow pain, right wrist pain, pelvic pain, and right knee pain. Records also indicate that the pain was rated at a level of 5 out of 10 on August 26, 2015, and 8 out of 10 on July 30, 2015 and September 24, 2015. Per the treating physician (September 21, 2015), the employee was temporarily totally disabled. The physical exam (July 30, 2015; August 26, 2015; September 24, 2015) reveals use of a single crutch, limping gait, decreased and painful range of motion of the low back right elbow and wrist tenderness, and decreased range of motion of the right elbow and wrist. Treatment has included medications (Pamelor and Lyrica since May of 2015; Percocet, Ambien, Cymbalta, and Prilosec), right elbow surgery, right wrist surgery, physical therapy, and acupuncture. The treating physician documented (July 30, 2015) that "There has been no misuse of medications". The utilization review (October 8, 2015) non-certified a request for Lyrica 150mg #60, Lyrica 50mg #30, and Pamelor 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Lyrica 150mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: CA MTUS states that there is insufficient evidence to argue for or against use of antiepileptic drugs in low back pain. Antiepileptic drugs are used first line for neuropathic pain. 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 medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. There is good documentation of response of pain to the treatment with Lyrica. Lyrica 150 mg is medically necessary.

30 Tablets of Lyrica 50mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: CA MTUS states that there is insufficient evidence to argue for or against use of antiepileptic drugs in low back pain. Antiepileptic drugs are used first line for neuropathic pain. 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 medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. There is no clear trial period but a week is considered to be a reasonable time to assess efficacy. There is good documentation of response of pain to the treatment with Lyrica. Lyrica 150 mg is medically necessary.

30 Tablets of Pamelor 50mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Tricyclics.

Decision rationale: CA MTUS guidelines state that tricyclics are effective for treatment for diabetic painful neuropathy and post-herpetic neuralgia. They are considered a first line intervention for neuropathic pain. In this case, Pamelor is prescribed for neuropathic pain and response to treatment is documented. Pamelor is medically necessary.