

Case Number:	CM15-0207025		
Date Assigned:	10/23/2015	Date of Injury:	06/01/2005
Decision Date:	12/04/2015	UR Denial Date:	10/14/2015
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: New Jersey

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 78 year old male, who sustained an industrial injury on 6-1-05. The injured worker was diagnosed as having phantom limb syndrome with pain, complex regional pain syndrome of the right upper limb and chronic pain due to trauma. Subjective findings (1-5-15, 4-6-15 and 7-1-15) indicated right hand pain and right hand phantom pain. The injured worker rated his pain 1 out of 10 at best, 7-8 out of 10 at worst and 2-3 out of 10 on average. Objective findings (1-5-15, 4-6-15 and 7-1-15) revealed full range of motion in the right hand. As of the PR2 dated 10-1-15, the injured worker reports continued right hand pain and right hand phantom pain. He is using a compression glove, which reduces his pain by about 80%. The injured worker has tried to decrease his Lyrica but noticed that his pain increased. He rates his pain 2 out of 10 at best, 8 out of 10 at worst and 4 out of 10 on average. Objective findings include amputation of the right index finger, full range of motion in the right hand and sensitivity to light and moderate touch at amputation site. Current medications include Omeprazole, Ultram, Plavix, Metoprolol, Finasteride and Lyrica (since at least 1-5-15). Treatment to date has included a right hand compression glove. The Utilization Review dated 10-14-15, modified the request for Lyrica 200mg #60 x 2 refills to Lyrica 200mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 200mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Pregabalin (Lyrica).

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

Decision rationale: The MTUS Guidelines state that anti-epilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, there was record of chronic regular use of Lyrica to help treat the worker's chronic pain. There were recent reports stating that the Lyrica reduced pain, but it did not state by how much, nor was there a statement found in the recent notes showing clear functional gains directly from this medication. Although it appears some benefit maybe related to the use of this medication, it is required to more clearly show this to help justify its continued use. Therefore, this request for Lyrica is not medically necessary until this is provided for review.