MAXIMUS Federal Services

Case Number:	CM15-0022795		
Date Assigned:	02/12/2015	Date of Injury:	02/15/2006
Decision Date:	03/25/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/06/2015

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 York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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 injured worker is a 50 year old female with an industrial injury dated February 15, 2006. The injured worker diagnoses include reflex sympathetic dystrophy unspecified; osteoarthritis localized primarily involving lower leg, osteoarthritis unspecified and lumbago. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 1/20/2015, the treating physician noted ambulation with bilateral crutches and hinge knee brace on left leg in poor condition. Physical exam revealed effusion on the right knee and diffuse anterior tenderness. Left foot was noted to have marked hypcresthesia and allodynia with moderate swelling and erythema in the dorsal foot. Moderate right lower extremity allodynia and distal edema were also noted on examination. The treating physician prescribed Lyrica 300mg #30 with 3 refills. Utilization Review determination on February 4, 2015 denied the request for Lyrica 300mg #30 with 3 refills, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 300mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7, 20, 47, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, 9792.26 Page(s): 19-20.

Decision rationale: Pregabalin or 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. The medical records fail to document any improvement in pain, functional status or a discussion of side effects specifically related to lyrica nor a diagnosis of diabetic neuropathy or postherpetic neuralgia to justify use. The medical necessity of lyrica is not substantiated in the records.