

Case Number:	CM15-0211664		
Date Assigned:	10/30/2015	Date of Injury:	05/23/2012
Decision Date:	12/11/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/28/2015

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: 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 injured worker is a 41 year old male who sustained an industrial injury on 05-23-2012. According to the consultation report dated 10-16-2015, the injured worker was initially diagnosed with a hernia and underwent right open hernia repair in July of 2013. He continued to have pain on the right inguinal region and intermittent pain on the left. He then underwent a laparoscopic bilateral hernia repair in May 2014. He continued to have inguinal pain that was primarily right sided and some on the left side. Treatment to date has included an inguinal nerve block without ultrasound guidance, spine injection, steroid injection, physical therapy and medications. An ultrasound guided ilioinguinal block had been denied. He tolerated 8 sessions of physical therapy but had to stop because of severe pain. He presently had right groin area pain rated 8-10 out of 10 on average that was described as stabbing, burning and tearing. Medications tried included Nucynta, Mirtazapine, Gabapentin, Nortriptyline Norco, Vicodin and Oxycodone. Assessments included other specified mononeuropathies of right lower limb, neuralgia and neuritis unspecified, chronic pain syndrome, long term (current) use of opiate analgesic and opioid use unspecified uncomplicated. The treatment plan included Tramadol, Ultram, Lyrica and request for ultrasound guided ilioinguinal nerve block. Follow-up was indicated in 4 weeks. On 10-23-2015, Utilization Review non-certified the request for Lyrica 75 mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75 mg Qty 60: Overturned

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

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

Decision rationale: MTUS Guidelines supports trials of anti-epilepsy drugs for neuropathic pain, which this individual has. There is a 2.5-5% risk of developing chronic pain s/p inguinal hernia surgery and the majority of this problem is thought to be caused by damage to the ilioinguinal nerve. If a particular anti-epilepsy drug is not effective, trials of other drugs in this category is recommended. A nerve block has been trialed without success and another trial may be forthcoming, however this is very unlikely to provide any long-term relief. Under these circumstances, the trial of Lyrica 75 mg Qty 60 is supported by Guidelines and is medically necessary.