

Case Number:	CM15-0219567		
Date Assigned:	11/12/2015	Date of Injury:	06/15/1999
Decision Date:	12/29/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/09/2015

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: Physical Medicine & Rehabilitation

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 45 year old male who sustained an industrial crush injury on 06-15-1999. A review of the medical records indicated that the injured worker is undergoing treatment for complex regional pain syndrome of the right upper extremity. The injured worker is status post spinal cord stimulator (SCS) implant, percutaneous electrical nerve stimulation (PENS) placement on 08-24-2015, 08-31-2015, 09-09-2015 and 09-16-2015. According to the treating physician's progress report on 10-14-2015, the injured worker continues to experience bilateral arm pain. Since the percutaneous electrical nerve stimulation (PENS) treatment the injured worker has reported 3 severe headaches. Energy, mood, tick and sleep have improved since percutaneous electrical nerve stimulation (PENS) treatment. Hyperesthesia and allodynia of the right wrist was noted. Prior treatments have included diagnostic testing, orthopedic surgeries, spinal cord stimulator (SCS) implant, psychological evaluation and treatment, cognitive behavioral therapy (CBT), biofeedback, dental evaluation, heat and cold therapy, physical therapy, acupuncture therapy, transcutaneous electrical nerve stimulation (TENS) unit, trigger point injections (most recently on 10-14-2015 to the right trapezius), percutaneous electrical nerve stimulation (PENS) and medications. Current medications were unclear. The injured worker has been on Lyrica (since at least 2012), Vistaril (approximately 13 years) and Valium for spasms, Norco and topical analgesics. Treatment plan consists of additional four percutaneous electrical nerve stimulation (PENS) treatment, orthopedic consultation for the right shoulder, start Mobic and the current request for Lyrica 50mg #60. On 11-03-2015 the Utilization Review modified the request for Lyrica 50mg #60 to Lyrica 50mg #7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg #60: Upheld

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

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

Decision rationale: The 45 year old patient complains of bilateral arm pain, as per progress report dated 10/14/15. The request is for LYRICA 50mg #60. There is no RFA for this case, and the patient's date of injury is 06/15/99. Diagnoses, as per progress report dated 10/14/15, included complex regional pain syndrome I of the right upper limb, and chronic pain syndrome. Medications included Lyrica and Mobic. The patient also presents with anxiety, depression, and stress-related medical complication, as per progress report dated 09/09/15. The patient is 100% disabled, as per progress report dated 10/14/15. MTUS Guidelines, pages 19-20, Anti-epilepsy Drugs section, have the following regarding Lyrica: "Pregabalin - Lyrica, no generic available - 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." It further states, "Weaning: Do not discontinue pregabalin abruptly and weaning should occur over 1-week period. Withdrawal effects have been reported after abrupt discontinuation." MTUS pg. 60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Lyrica is first noted in QME report dated 07/18/12. It is not clear when the medication was initiated. The patient does suffer from neuropathic pain and may benefit from Lyrica. The provider, however, does not document the efficacy in terms of reduction in pain and improvement in function, as required by MTUS page 60, for all pain medications. Given the lack of relevant documentation, the request is not medically necessary.