

Case Number:	CM15-0030534		
Date Assigned:	02/24/2015	Date of Injury:	08/30/2008
Decision Date:	04/07/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/18/2015

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, Tennessee
 Certification(s)/Specialty: Emergency 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 42 year old male who sustained a work related injury on August 30, 2008, claiming injuries to his head, jaw, circulatory system, digestive system, and endocrine system and having psyche issues while working as a deputy sheriff. Treatment included physical therapy, nerve blocks, medications, psyche evaluations, and home exercise programs. He was diagnosed with chronic pain syndrome, status post five arthroscopic knee surgeries. Currently, the injured worker complained on ongoing neuropathy pain. On January 22, 2015, a request for one prescription of Lyrica 75 mg #30 with 3 refills was modified to one prescription of Lyrica 75 mg #30 with 2 refills by Utilization Review, noting the Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75 mg, thirty count with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 - 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 19-20.

Decision rationale: Lyrica is pregabalin, an anti-epilepsy drug. It 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. Pregabalin has been associated with many side effects including edema, CNS depression, weight gain, and blurred vision. Somnolence and dizziness have been reported to be the most common side effects related to tolerability. It is recommended in neuropathic pain conditions and fibromyalgia. In this case the patient has the diagnosis of chronic regional pain syndrome of the extremity. Lyrica was first prescribed in December 2014 and is indicated for neuropathic pain. There is no documentation that the medication is providing benefit. Refills should be limited until it is known if the medication will be effective. The request should not be authorized.