

Case Number:	CM15-0046624		
Date Assigned:	03/30/2015	Date of Injury:	11/07/1994
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/11/2015

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: Arizona, California
 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 56-year-old female with an industrial injury dated November 7, 1994. The injured worker diagnoses include reflex sympathetic dystrophy (RSD) left upper extremity, anxiety secondary to RSD, and depression secondary to RSD. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 2/19/2015, the injured worker reported left upper extremity pain at night while sleeping. Objective findings revealed left upper extremity reflex sympathetic dystrophy symptoms of numbness/tingling, dysesthesias and heaviness noted with fair amount of pain. The treating physician prescribed Lyrica 300mg now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 300mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica
 Page(s): 19.

Decision rationale: According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnoses. The claimant had been on Lyrica along with antidepressants and Benzodiazepines. The claimant was on Gabapentin and transitioned to Lyrica. Both medications were used but not indicated for RSD. There is no indication for continued use and the Lyrica is not medically necessary.