MAXIMUS Federal Services

Case Number:	CM15-0052420		
Date Assigned:	04/09/2015	Date of Injury:	10/13/1987
Decision Date:	05/06/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/19/2015

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: Texas, New York, 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 applicant is a represented 52-year-old [redacted] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of October 13, 1987. In a Utilization Review report dated March 2, 2015, the claims administrator referenced a RFA form of February 20, 2015 and a progress note of February 12, 2015 in its determination. The claims administrator suggested that the applicant had been using Lyrica without benefits since January 2015. The applicant attorney subsequently appealed. On March 30, 2015, the applicant reported ongoing complaints of numbness, tingling, paresthesias about the hand with a positive Tinel test at the elbow. Authorization for ulnar neuropathy procedure was sought. The applicant's work status was not explicitly stated. In a progress note dated March 18, 2015, the applicant reported ongoing complaints of bilateral upper extremity, bilateral elbow, and neck pain reportedly attributed to C7 cervical radiculopathy. Diminished grip strength was evident. The applicant was not working, it was acknowledged. The applicant was using a traction device. The applicant was asked to Lyrica, Ambien, Celebrex, Robaxin, Prilosec, and Flexeril while remaining off work, on total temporary disability. In an earlier handwritten note dated February 25, 2015, the applicant was, once again, placed off work, on total temporary disability owing to various pain concerns associated with ulnar neuropathy and cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Lyrica 75mg with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica); Functional Restoration Approach to Chronic Pain Management Page(s): 99; 7.

Decision rationale: No, the request for Lyrica, an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is FDA approved in the treatment of diabetic neuropathy and postherpetic neuralgia and, by analogy, for neuropathic complaints as a whole, this recommendation, however, is quailed by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off work, on total temporary disability, despite ongoing Lyrica usage. The applicant continues to remain off work, it was acknowledged on multiple progress notes of early 2015, referenced above. The applicant continued to report difficulty-performing activities as basic as gripping and grasping, it was acknowledged on March 18, 2015. Ongoing usage of Lyrica failed to curtail the applicant's dependence on other medications such Celebrex, Robaxin, Flexeril, Ambien, etc. All of the foregoing, taken together, suggests a lack of functional improvement is defined in MTUS 9792.20f despite ongoing usage of Lyrica. Therefore, the request was not medically necessary.