

Case Number:	CM15-0085558		
Date Assigned:	05/08/2015	Date of Injury:	09/23/2009
Decision Date:	06/11/2015	UR Denial Date:	04/25/2015
Priority:	Standard	Application Received:	05/05/2015

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 42 year old female who sustained an industrial injury on 09/23/2009. Current diagnoses include left ankle, non-fusion, status post multiple surgeries, CRPS-left leg stable, status post lumbar sympathetic injection with moderate relief, and obesity. Previous treatments included medication management, left ankle surgery, and sympathetic epidural injections. Previous diagnostic studies include a CT of the left ankle. Report dated 04/02/2015 noted that the injured worker presented for follow up, status post left lumbar sympathetic injection on 07/01/2014 with 75% pain relief in leg. It was noted that medication use has decreased by 20%, functional ability has increased moderately with increases in activity and endurance Pain level was not included. Physical examination noted that the swelling in the left leg has improved. The treatment plan included requests for weight watchers or medifast, left ankle surgery, continue home exercise program, continue medications, which include Oxycodone, Prilosec, Lyrica, and zofran, and re-evaluate in one month. Disputed treatments include Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 99, 68, 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Pregabalin (Lyrica), page 100.

Decision rationale: Pregabalin (Lyrica) 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. This anti-epileptic medication may be helpful in the treatment of radiculopathy and would be indicated if there is documented significant benefit. It appears the medication has been prescribed for quite some time; however, there is no documented functional improvement as the patient continues with constant severe significant pain level and remains functionally unchanged for this chronic injury. Submitted medical report has not adequately demonstrated indication and functional benefit to continue ongoing treatment with this anti-epileptic. The Lyrica 75mg #60 is not medically necessary and appropriate.