

<b>Case Number:</b>	CM15-0087624		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	09/11/2009
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: 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:

This 58 year old female sustained an industrial injury to the right leg on 9/11/09. The injured worker was diagnosed with right lower leg contusion. The injured worker later developed complex regional pain syndrome. Recent treatment included spinal cord stimulator, home exercise and medications. In a PR-2 dated 3/12/15, the injured worker complained of right lower leg pain, rated 4/10 on the visual analog scale, associated with pain to light touch and tingling. Her worse pain over the past week had been 7/10. Pain with medications was rated 3/10. The injured worker complained of difficulties with activities of daily living, ambulating and running. Physical exam was remarkable for patchy sensation to light touch, pin-prick and temperature with hyperesthesia, allodynia and hyperpathia over the L5 distribution and calf. The physician noted that the injured worker's sensory disturbances had improved with the spinal cord stimulator. Current diagnoses included regional sympathetic dystrophy lower limb, complex regional pain syndrome, joint derangement, gait instability, edema and scar conditions with fibrosis of skin. The treatment plan included continuing home exercise and medications (Voltaren XR, Cetirizine, Norco, Lyrica, Prilosec and Laxacin).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Capsules of lyrica 300 mg with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AEDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 19, 20.

**Decision rationale:** MTUS Guidelines support the use of this class of drugs for neuropathic pain which this individual has in the form of CRPS syndrome. The Lyrica is clearly documented to be beneficial for pain relief and without undue side effects. Under these circumstances the Lyrica is supported by Guidelines. The Lyrica 300mg. #60 with 3 refills is medically necessary.

**60 Tablets of hydrocodone/acetaminophen 10/325mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** MTUS Guidelines support the use of opioids when there is meaningful pain relief, functional support and the lack of drug related aberrant behaviors. These Guideline standards are met with this individual. Pain relief and functional support are clearly documented. There is no hint of misuse. Guidelines recommend urine drug screens, but they do not state that they are mandatory for prescribing opioids, particularly with this fairly limited amount utilized. Under these circumstances, the hydrocodone/acetaminophen 10/325 #60 tables are supported by Guidelines and are medically necessary.