

Case Number:	CM14-0123546		
Date Assigned:	08/08/2014	Date of Injury:	02/16/2011
Decision Date:	10/09/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 56-year-old male with a 2/16/11 date of injury. The mechanism of injury occurred when his left foot and ankle was crushed by a container weighing more than 6,000 pounds. According to a progress report dated 7/10/14, the patient complained of left lower extremity pain. He rated his pain as a 10 everyday and it was unrelenting. He is considering a below the knee amputation due to the severity of his foot pain. The provider has provided a medication plan including Lyrica, ketamine, and magnesium pre op to be administered before incision. Objective findings: palpation results in in distal radiation of pain, reduced ROM globally and regionally, muscle strength reduced in the great toe extensor muscle. Diagnostic impression: pain in limb, reflex sympathetic dystrophy of lower limb, chronic pain syndrome, myalgia and myositis NOS, dysthymic disorder. Treatment to date: medication management, activity modification, physical therapy, foot surgery. A UR decision dated 7/23/14 denied the requests for Lyrica and Ketamine. Regarding Lyrica and Ketamine, the request lacks information regarding route of treatment, dose, and frequency. It is also not clear how this medication will benefit the claimant post-operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica (unknown dosage and quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 20.

Decision rationale: MTUS states that 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. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. This patient has a diagnosis of reflex sympathetic dystrophy. Guidelines support the use of Lyrica as a first-line medication for the treatment of neuropathic pain. However, the strength and quantity of medication are not noted in this request. Therefore, the request for Lyrica (unknown dosage and quantity) was not medically necessary.

Ketamine (unknown dosage and quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 56.

Decision rationale: CA MTUS states that it is under study for CRPS. More study is needed to further establish the safety and efficacy of this drug. A specific rationale identifying why ketamine is required in this patient despite lack of guideline support was not provided. In addition, the strength and quantity of medication requested was not noted. Therefore, the request for Ketamine (unknown dosage and quantity) was not medically necessary.