

Case Number:	CM14-0141377		
Date Assigned:	09/10/2014	Date of Injury:	05/20/2011
Decision Date:	11/10/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/02/2014

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 Occupational Medicine and is licensed to practice in California. 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic regional pain syndrome of the lower extremity, low back pain, knee pain, ankle pain, and foot pain reportedly associated with an industrial injury of May 20, 2011. Thus far, the applicant has been treated with the following: Analgesic medications, unspecified amounts of physical therapy; adjuvant medications; injection therapy; topical compounds; and extensive periods of time off of work. In a Utilization Review Report dated August 22, 2014, the claims administrator denied a request for Lyrica. The applicant's attorney subsequently appealed. In a progress note dated June 12, 2014, the applicant reported persistent complaints of right lower extremity pain. It was stated that the applicant had failed trials of Lyrica and Gralise (gabapentin), in one section of the note. In another section of the note, the applicant stated that she was able to perform activities and daily tasks in conjunction with ongoing usage of gabapentin. 3/10 pain with medications versus 8/10 pain without medications was noted. The applicant was described as a disabled former cashier. Multiple medications were refilled. It was stated that a spinal cord stimulator trial was the applicant's best option at this point. In an earlier progress note dated January 21, 2014, it was again stated that the applicant had "failed Lyrica and Gralise trials."

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50 mg, capsules: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 7, 99.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is a first-line agent for neuropathic pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work. The applicant has been deemed disabled. The attending provider has himself written on several progress notes, referenced above, that the applicant had failed several earlier trials of Lyrica and Gralise. Furthermore, several progress notes, referenced above, also suggested that the applicant was no longer using Lyrica on the grounds that Lyrica had, in fact, been trialled and failed. Therefore, the request is not medically necessary.