MAXIMUS Federal Services

Case Number:	CM14-0156363		
Date Assigned:	09/25/2014	Date of Injury:	07/27/2008
Decision Date:	02/09/2015	UR Denial Date:	09/07/2014
Priority:	Standard	Application Received:	09/20/2014

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 64 year old male who was injured on 7/27/2008. He was diagnosed with reflex sympathetic dystrophy of the lower limb. He was treated with physical therapy and medications. On 8/27/14, the worker was seen by his pain specialist physician reporting the same right foot pain with hypersensitivity as was reported in his previous office visit months ago. He also reported left wrist pain. He reported taking Tylenol, Lyrica 50 mg twice daily, Cymbalta, tizanidine, Lidoderm, Zeasorb powder, Cozaar, hydrochlorothiazide, atenolol, Actos, Dendracin, metformin, omeprazole, Lipitor, and glyburide. Physical examination findings included antalgic gait and both feet guarded with wraps, but without any further examination documented in the progress note. He was then recommended to see a podiatrist that accepts Workers' Compensation, take his medications as he was using them at the time, wear supportive shoes, and have blood work for "LFTs, and BUN/CR to assess for liver and kidney status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica capsule 50mg, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Drug Formulary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

Decision rationale: The MTUS Guidelines state that anti-epilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, there was no documentation submitted from the time the Lyrica was first started to see if there was any initial reported benefits from its use. Of the follow-up progress notes submitted for review, none reported any effect that the Lyrica had on the worker's overall function. Without evidence of benefit with continual use, the Lyrica at the requested/current dose is not medically necessary.