

Case Number:	CM15-0112246		
Date Assigned:	06/18/2015	Date of Injury:	10/27/2011
Decision Date:	07/22/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/10/2015

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: Emergency 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:

The injured worker (IW) is a 47-year-old female who sustained an industrial injury to the right hand on 10/27/2011. Diagnoses include causalgia upper limb and hand pain. Treatment to date has included medications, stellate ganglion blocks, physical therapy, occupational therapy, TENS unit and hand surgeries. According to the progress notes dated 5/6/15, the IW reported bilateral upper extremity pain, unchanged since the previous visit. Pain was rated 4/10 with medications and 8/10 without them. She also reported increased left hand tremors. On examination, range of motion (ROM) of the right hand was restricted by pain--90% of the left hand ROM in all planes and finger flexion/grip. Sensory abnormalities were present over the right hand and the hand temperature was decreased; allodynia was noted to all surfaces of the hand. Medications included Duloxetine HCl DR 60 mg, Norco 10/325 mg, Lyrica 150mg and Propranolol ER 80mg. A request was made for Lyrica 150mg, #30 for nerve pain and Propranolol hydrochloride ER 80mg, #30 for hand tremors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg #30 1 at bedtime: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-20.

Decision rationale: As per MTUS chronic pain guidelines, 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. First line treatment for CRPS is not lyrica but neurontin. As per guidelines, patient does not meet criteria for even "moderate" response. Patient's pain continues to be severe with no benefit. Documentation does not support use of a second line medication with inadequate response. Lyrica is not medically necessary.

Propranolol ER 80mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zesiewicz TA, Elble RJ, Louis ED, Gronseth GS, Ondo WG, Dewey RB Jr, Okun MS, Sullivan KL, Weiner WJ. Evidence-based guideline update: treatment of essential tremor: report of the quality standards subcommittee of the American Academy of Neurology. Neurology. 2011 Nov 8;77(19):1752-5.

Decision rationale: There is no information concerning this topic in MTUS Chronic pain, ACOEM guideline or Official Disability Guidelines. It is unclear why patient is on Propranolol. There is nothing noted in multiple months of progress notes with only a single month mentioning "tremor" as a reason for this medication. As per evidence-based guidelines for essential tremor treatment, propranolol has the best evidence to aid in treatment of tremors. Risk and benefits on this treatment need to be carefully considered. However, provider has failed to document medical necessity. Provider has not documented any tremors on exam or response to current treatment. The profound lack of documentation to support propranolol treatment. This request is not medically necessary.