

Case Number:	CM15-0113014		
Date Assigned:	06/19/2015	Date of Injury:	06/04/2012
Decision Date:	07/21/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/11/2015

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: Family Practice

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 is a 46 year old female, who sustained an industrial injury on June 4, 2012. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having paresthesia of upper limb, reflex sympathetic dystrophy of the upper limb, allodynia, cervical radiculitis, and thoracic spine pain. Diagnostic studies were not included in the provided medical records. On May 26, 2015, the injured worker complained of ongoing pain of the right arm/elbow. She had new pain that radiated into her head, neck, and down the upper back. The pain was described as sharp, numbness, and burning. Her current pain level was 9/10. In the past she was treated with physical therapy, chiropractic therapy, massage therapy, acupuncture with partial, brief, or temporary relief. She underwent an unsuccessful spinal cord stimulator trial. Additional to date has included a transcutaneous electrical nerve stimulation (TENS) unit, and medications including pain, antidepressant, proton pump inhibitor, and non-steroidal anti-inflammatory. She had inadequate pain relief with non-steroidal anti-inflammatory non-steroidal anti-inflammatory medications. The right upper extremity exam revealed mild right arm allodynia, right arm pain and tenderness, pain upon palpation of the right elbow and shoulder area, and decreased range of motion due to pain, numbness, and weakness of the right upper extremity. There were positive Sudomotor changes of the ulnar distribution and right upper extremity focal pain. The cervical spine exam revealed radicular pain, reproducible pain with bilateral facet loading, facet tenderness, increased pain with facet loading, and limited range of motion due to pain. There was

decreased muscle strength of the right upper extremity with decreased handgrip strength. The treatment plan includes the anti-epilepsy medication, Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg 1 cap, #30 with 12 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of anti-epilepsy drugs (AEDs) as a treatment modality. In general, AEDs are recommended for the treatment of neuropathic pain. When AEDs are used, there must be documentation of the outcomes of treatment in order to justify continued use; particularly with a second-line medication such as Lyrica. The MTUS guidelines state the following on the assessment of these outcomes: A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. In this case, there is insufficient documentation to justify 12 refills of Lyrica. Justification for refills is based on documentation of these outcomes. In the Utilization Review process, one refill of Lyrica was approved to allow for this assessment. This action is consistent with the above-cited MTUS guidelines. In summary, 12 refills of Lyrica is not medically necessary.