

<b>Case Number:</b>	CM15-0117123		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	09/23/2009
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 42 year old female, who sustained an industrial injury on September 23, 2009. She reported sustaining a plafond fracture in a motor vehicle accident. The injured worker was diagnosed as having left ankle non-fusion status post multiple surgeries, Complex Regional Pain Syndrome (CRPS) left leg stable, status post lumbar sympathetic injection with moderate relief, and obesity. Treatment to date has included lumbar sympathetic injection, home exercise program (HEP), multiple left ankle surgeries, CT scan, x-rays, and medication. Currently, the injured worker complains of left leg/ankle pain. The Treating Physician's report dated April 30, 2015, noted the injured worker had received a left lumbar sympathetic injection in July 2014, with 75% pain relief in leg. Physical examination was noted to show the left leg in a brace, with swelling improved, negative straight leg raise, and no fusion in the left ankle. The Physician noted recommendation by a foot orthopedist for reconstruction/fusion. The treatment plan was noted to include weight watchers or medifast with a goal to lose 100 pounds, rescheduled left ankle surgery, continued home exercise program (HEP), continued medications including Oxycodone, Prilosec, Lyrica, and Zofran, and a urine drug screen (UDS). A request for authorization on June 3, 2015, noted the injured worker was using Lyrica for relief of neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Lyrica 75mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids, anti-epilepsy drugs Page(s): 74-90, 16-20.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes anti-epilepsy drugs (AEDs) are recommended for neuropathic pain, with 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 to switch to a different first-line agent or a 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. Lyrica (Pregabalin) has been associated with many side effects including edema, central nervous system (CNS) depression, weight gain, and blurred vision. Somnolence and dizziness have been reported to be the most common side effects related to tolerability. A review of the injured workers medical records reveal a diagnosis of CRPS and it appears that while UR dated 4/23/15 had modified the request to Lyrica 75mg bid # 45, subsequent UR dated 5/11/15 and 6/12/15 had certified Lyrica 75mg bid # 60 for the treatment of Chronic Regional Pain Syndrome which is a form of neuropathic pain and based on the injured workers clinical presentation and the guidelines, the request for Lyrica 75mg bid # 60 is medically necessary in the injured worker.