

Case Number:	CM15-0126889		
Date Assigned:	07/13/2015	Date of Injury:	08/22/2012
Decision Date:	08/10/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/30/2015

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: 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 25 year old male, who sustained an industrial injury on 08/22/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having chronic left ankle pain status post inversion sprain and left ankle arthroscopy and right knee pain from compensation for chronic left ankle pain. Comorbid conditions include obesity (BMI 36.5). Treatment and diagnostic studies to date has included medication, use of ice, and surgery. In a provider's note dated 5/15/2015 the treating physician noted that the injured worker had continued side effects with use of Ultracet and that prior medication treatment with Cymbalta and gabapentin had been ineffective for the injured worker due to difficulty titrating to a therapeutic dose secondary to side effects. A trial of Lyrica was suggested In the most recent progress note dated 07/2/2015 the treating physician reports the injured complained of sharp, aching, dull pain to the left ankle and right knee which the injured worker rated a 7/10. Examination revealed tenderness in right patella, full range of motion of right knee full range of motion of the ankle bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 25 MG Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

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

Decision rationale: Lyrica (pregabalin) is classified as an anti-epileptic drug (AED) indicated in the treatment of epilepsy, anxiety, mood disorders, benign motor tics and neuropathic pain from either trigeminal neuralgia or diabetic neuropathy etiologies. Presently, there are no good clinical trials for use of this type of medication for treating axial low back pain but since this type of pain may have a neuropathic origin suggests it may be effective for this condition, too. The MTUS recommends use of anti-epileptic drugs as a first line therapy for neuropathic pain from nerve damage and further describes the goal of therapy to be when the pain decreases 30-50% or more and the patient's level of functioning improves. This patient has chronic ankle and knee pain but has not been diagnosed with pain of neuropathic origin. There is no indication for use of an AED to treat musculoskeletal pain. The request for a trial of Lyrica is not medically necessary and has not been established.