MAXIMUS Federal Services

Case Number:	CM15-0170521		
Date Assigned:	09/11/2015	Date of Injury:	08/22/2012
Decision Date:	10/08/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/31/2015

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: North Carolina
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 25 year old male who sustained an industrial injury on 8-22-12. A review of the medical records indicates that he is undergoing treatment for chronic left ankle pain - status post-inversion sprain and left ankle arthroscopy 8-28-12 and right knee pain and stiffness. Medical records (6-4-15 to 8-5-15) indicate ongoing complaints of left ankle pain and right knee pain (Some records indicate left knee pain. This was corrected in the 7-2-15 progress note). The records indicate that he has had little success with medications, as they "made him sick" (5 -15-15). His pain is described as sharp, achy, and throbbing. His pain rating has worsened, going from "4 out of 10" to "7 out of 10". The 6-4-15 progress note indicates that he is the caregiver for his sister. He reports that he is "able to get through morning chores", but then needs to rest in the afternoon due to pain. On exam, full range of motion is noted in knees bilaterally. A slight range of motion deficit, of 10 degrees, was noted of the left plantar dorsiflexion (5-15-15). His treatment has included use of ice, activity modification, elevating the left leg, and oral medications, including Gabapentin and Cymbalta. The medications were noted to be ineffective and Lyrica was recommended (5-15-15). His complaints and examination have not changed through the review of records. He was noted on 7-23-15 to be walking with a cane when outside of his home. The request for authorization, dated 8-13-15, includes Lyrica 75mg three times per day, #90, for nerve pain. The utilization review (8-20-15) denied the medication due to lack of clinical findings of neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The California chronic pain medical treatment guidelines section on Lyrica states: Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. (Blommel, 2007) This medication also has an anti-anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia. (ICSI, 2007) (Tassone, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Crofford, 2005) (Stacey, 2008) The patient does not have the diagnoses of diabetic neuropathy, fibromyalgia or post herpetic neuropathy. There is no documentation of failure of other first line agents for peripheral neuropathy. Therefore, guideline recommendations have not been met and the request is not medically necessary.