

<b>Case Number:</b>	CM15-0175072		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	12/02/2011
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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, Texas

Certification(s)/Specialty: Internal 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 56 year old female who sustained an industrial injury on 12-02-2011. The injured worker was diagnosed as having peroneal nerve damage and contracture of the left foot. She is seen (08-11-2015) for diagnoses of reflex sympathetic dystrophy, lower limb, and encounter for long-term use of other medications. Treatment to date has included oral medications, one nerve block, and an orthopedic referral. The worker has been seen (06-05-2015) for injuries attributed to falling secondary to difficulties ambulating. She has pain in knees, the left leg and left thigh in addition to pain in her left foot, and she rates her pain as a 9-10 on a scale of 10. The worker is reported to have significant difficulties in all activities of daily living. She is noted to have weakness of the upper arms when using a walker. She was wearing a removable boot cast. In the 06-05-2015 it was noted that her primary care provider had been prescribing two 10 mg Norco every four hours for pain and in May was prescribed Fentanyl patches. Her medications were listed as Norco, Celexia, Neurontin, Klonopin, Toprol, Tizanide, and Fentanyl patch. In the provider notes of 08-11-2015, the worker is seen for left lower extremity pain and left ankle pain. Her gait is described as a slow, stooped unsteady left-sided antalgic gait that is assisted by a walker. Her pain is rated as a 9 on a scale of 0- 10 and described as constant, boring, burning, deep pressure, dull and sharp. She rates pain intensity as 10 on a scale of 10, and the average pain over 7 day is rated s as an 8 on a scale of 10. The worker reports that the pain affects her with an abnormal gait, loss of function, loss of sensation to the left lower extremity and left ankle, and muscle spasm. Walking and standing increase her pain. She is unable to bear weight on her left ankle. Nothing makes the pain better. Pain is

somewhat alleviated by current medications and she is taking her medications as prescribed, but she feels the medications are less effective. Her functionality has decreased and her ability to do activities of daily living is worsening. On examination of the left ankle, there is asymmetry, atrophy, and deformity (inversion of the left foot). Movements are restricted by pain with plantar flexion limited to 5 degrees, dorsiflexion 5 degrees, and eversion 5 degrees. There is tenderness over the fibula-calcaneal ligament talo-fibular ligament. There is positive allodynia and hyperpathia. Temperature is decreased in the ankle area. There is muscle wasting and atrophy in the left ankle and foot. The foot has claw toe deformity and inversion of four left toes. Movements are painful with inversion beyond 5 degrees, eversion beyond 5 degrees, flexion at the metatarsophalangeal joint of the 1st, 3rd and 4th toes beyond five degrees, extension of the metatarsophalangeal joint beyond five degrees of the 1st, 2nd, and 3rd toes. Tenderness to palpation is noted over the metatarsophalangeal joint of the 3rd, 4th, and 5th, toe, 1st, 2nd, 3rd, 4th, and 5th metatarsal and heel. No edema is present. The treatment plan includes a left foot x-ray, a lumbar MRI, consideration for a spinal cord stimulator and increasing the dose of Lyrica 50mg "for desired effect". A request for authorization was submitted for Lyrica 50mg #90 with 5 refills. A utilization review decision 08-31-2015 modified the request to capsules of Lyrica 50# 90mg with 1 refill.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lyrica 50mg #90 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica).

**Decision rationale:** According to the MTUS, Pregabalin 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. Pregabalin was also approved to treat fibromyalgia. There is no established trial period, but the onset of action is thought to be less than 1 week. Weaning should occur over one week. In this case, the patient has been prescribed Lyrica for chronic pain. The prescribed amount is for a month with 1 refill without any documentation of significant functional improvement while taking this medication. The continued use is not medically necessary.