

Case Number:	CM15-0068626		
Date Assigned:	04/16/2015	Date of Injury:	09/15/2010
Decision Date:	05/15/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/10/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 51 year old female, who sustained an industrial injury on 09/15/2010. On provider visit dated 03/04/2015 the injured worker has reported chronic pain. On examination of the lower extremity ankle and foot pain, was noted for mottled erythematous, swollen appearance with tactile allodynia, mild sweating and temperature changes for the right to left foot and tenderness noted as well. The injured worker uses crutches to assist with ambulation. The diagnoses have included chronic industrial based lower extremity, ankle and pain of the feet secondary to CRPS (complex regional pain syndrome) type 2. Treatment to date has included hyperbaric treatment, laboratory studies and medication. The provider requested Lyrica 150mg quantity 120 with five refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg quantity 120 with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica
 Page(s): 20.

Decision rationale: According to MTUS guidelines, “Lyrica is an anti-epilepsy drug (AEDs also referred to as anti-convulsant), which has been shown to be effective for treatment of diabetic; painful neuropathy and post-therapeutic neuralgia; and has been considered as a first-line treatment for neuropathic pain.” The patient developed a chronic neuropathic pain that could be treated with Lyrica. However, the prescription of 5 refills of Lyrica cannot be justified without clear and periodic documentation of efficacy. Therefore, Lyrica 150mg quantity 120 with five refills is not medically necessary.