

Case Number:	CM15-0098002		
Date Assigned:	05/29/2015	Date of Injury:	08/27/2008
Decision Date:	07/01/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/21/2015

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: Texas, California
 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:

This is a 29-year-old male, who sustained an industrial injury on 08/27/2008. He sustained the injury due to his right arm caught between forklift and a piece of metal. He has reported subsequent right wrist pain and was diagnosed with compression injury of the right wrist and status post arthroscopic and open ligament repairs. Per a progress note dated 04/23/2015, he had complained of pain in the right wrist over the dorsal and medial aspect of the wrist. Objective findings were notable for 3/5 grip strength in the right hand vs 5/5 in the left hand, tenderness to touch in the wrist and hand on the right side, multiple healing scars on the right wrist and limited flexion of the right wrist. The medications list includes celebrex, lyrica, trazadone, cymbalta and butran. He has undergone right wrist dorsal capsulotomy with manipulation and neurolysis dorsal sensory branch of the radial nerve in 2010. He has had physical and occupational therapy and injections for this injury. A request for authorization of Lyrica was submitted for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 200mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epileptic drugs / anti-convulsants Page(s): 14-15, 103.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), page 16 Pregabalin (Lyrica, no generic available), page 19.

Decision rationale: Request-Lyrica 200mg #90. Lyrica is an antiepilepsy medication. According to MTUS chronic pain guidelines, antiepilepsy drugs are "recommended for neuropathic pain (pain due to nerve damage). Lyrica 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." As mentioned above the patient had chronic right wrist pain with objective findings of decreased strength and tenderness. Patient has a history of right wrist surgery. Lyrica is medically appropriate and necessary in such a clinical situation. The request of Lyrica 200mg #90 is medically necessary and appropriate for this patient.