

Case Number:	CM14-0008554		
Date Assigned:	02/12/2014	Date of Injury:	05/09/2002
Decision Date:	07/23/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/21/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59-year-old male with a 5/9/02 date of injury while unloading products from a truck and feeling a "pop" in his groin. He is status post hernia repair x2. He participated in an FRP in 2012 and was noted to have a diagnosis of CRPS II, neuropathic pain of the right inguinal, right genitofemoral, and right pudendal nerves secondary to surgical procedure, opiate dependence, and moderate depression. He was on Oxycodone, Opana, Lyrica 200 mg TID, Cymbalta 30 mg TID prior to the FRP for pain control. He was placed on Arthrotec and Methadone in addition to maintaining his Lyrica, Cymbalta, and Oxycodone for neuropathic pain. The patient was seen on 12/10/13 stating that Lyrica and Cymbalta helped his pain. Exam findings revealed guarding of the genitals secondary to pain and constant pulling at this genitals secondary to pain. Prior exam findings have revealed surface allodynia and dysesthesia from the right inguinal area to the right testes and right penis. His diagnosis continues to be CRPS II of the right groin, testes, and penis. Treatment to date: hernia repair x2, FRP in 2012, medications, SCS. A UR decision dated 1/03/14 denied the request given there was no medical narrative report received documenting the medical necessity for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA (PREGABALIN) 150MG, #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Page(s): 58 and 99.

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

Decision rationale: The MTUS states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. This patient has a diagnosis of CRPS II secondary to injury to the right inguinal, right genitofemoral, and right pudendal nerves secondary to hernia repair. He was noted to be in severe pain despite an SCS, and opiate medications. He is guarded on exam and has exam findings consistent with CRPS. There is no known cure for CRPS, and this patient has been managed on opiates to reduce his pain. Using neuropathic pain agents is appropriate in order to try and control this patient's pain, and decrease his narcotic use. Therefore, the request for Lyrica (Pregabalin) 150MG, #180 was medically necessary.

DULOXETINE HCL 30MG, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Chapter Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 15-16.

Decision rationale: The CA MTUS states that Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; is used off-label for neuropathic pain and radiculopathy, and is recommended as a first-line option for diabetic neuropathy. This patient has a diagnosis of CRPS II secondary to injury to the right inguinal, right genitofemoral, and right pudendal nerves secondary to hernia repair. He was noted to be in severe pain despite an SCS, and opiate medications. He is guarded on exam and has exam findings consistent with CRPS. There is no known cure for CRPS, and this patient has been managed on opiates to reduce his pain. Using neuropathic pain agents is appropriate in order to try and control this patient's pain, and decrease his narcotic use. Therefore, the request for Duloxetine HCL 30MG, #90 was medically necessary.