

Case Number:	CM14-0101487		
Date Assigned:	09/16/2014	Date of Injury:	06/10/1999
Decision Date:	11/19/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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:

The patient is a 62-year-old with an injury date of June 10, 1999. According to the June 14, 2014 report by [REDACTED], the patient presents with throbbing pain, a burning sensation, and weakness in the right knee. Average pain is rated 8/10, best pain with medications 5/10 and without medications 10/10. She uses a walker for ambulation. Right knee examination reveals significant disuse atrophy in the right thigh and calf. There is crepitus on passive range from flexion to extension. Patellar compression is very painful. There is some valus laxity with stress testing of the medial aspect of the knee joint as well as some ongoing signs of allodynia to light touch and summation to pinprick exacerbating her pain. The patient's right lower extremity is much colder than the left. The patient's diagnoses include: Development of severe complex regional pain syndrome, right lower extremity, with sprain/strain injury to the right knee joint with significant disuse atrophy. MRI revealing no internal derangement of the knee joint, with the exception of an enchondroma with negative bone scan. X-rays reveal osteopenia and joint effusion. A neuropathic component of burning pain in the lower extremity, improved with Lyrica use and Elavil use. Dyspepsia from NSAID use, stable with ranitidine Depression with industrial onset, stable with Cymbalta. Refilled medications are listed as Norco, Mobic, Ranitidine, Lidoderm Patch, Elavil, Lyrica, and Cymbalta. The utilization review being challenged is dated June 20, 2014. Treatment reports were provided from January 15, 2013 to June 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75 mg, thirty count: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman/Gilman's The Pharmacological Basis of Therapeutics, 12th edition, McGraw Hill, 2006, Physician's Desk Ref, 68th ed., www.RxList.com; Official Disability Guidelines Workers Compensation Drug Formulary, www.idg-twc.com/odgtwc/formulary.html. drugs.com; Epocrates Online, www.online.epocrates.com, Monthly Prescribing Reference, www.empr.com, Opioid Dose, Calculator - AMDD Agency Medical Directors' Group Dose, Calculator, www.agencymeddirectors.wa.gov

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <PAIN CHRONIC Pregabalin (Lyrica®) Recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain. Pregabalin (Lyrica®), an anticonvulsant, 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. Pregabalin was also approved to treat fibromyalgia. See Anti-epilepsy dru

Decision rationale: The patient presents with throbbing pain and burning sensation and weakness in the right knee. Pain is rated 8/10 average, best with medication 5/10 and without medication 10/10. The treater requests for: Lyrica 75 mg#30. It is unknown exactly how long the insured has been taking this medication. The April 23, 2014 report shows is as refilled. The Chronic Pain Medical Treatment Guidelines states that "Pregabalin (Lyrica) has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia..." The ODG guidelines state that this medication is "Recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain." The treater states on June 14, 2014 that Lyrica is for use of neuropathic pain and that the patient is improved with its use. Therefore, the request for Lyrica 75 mg, thirty count, is medically necessary and appropriate.