

Case Number:	CM13-0030245		
Date Assigned:	11/27/2013	Date of Injury:	07/03/2001
Decision Date:	01/27/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 physician 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 60 year old male with a date of injury on 7/3/01. The progress report, dated 9/9/13, noted that the patient continued with low back pain and reported an increase in neuropathic pain, as he was unable to take the Lyrica. The patient reported that with Lyrica, his burning tingling pain is reduced and his chronic pain is better managed. Exam findings included, restricted range of motion (ROM) with pain in the lumbar spine. The patient's diagnoses include: disc disorder lumbar; low back pain; and depression. A request was made for the patient to continue with Lyrica 150 mg three times a day for the neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg Capsules: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20, & 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs, Lyrica Page(s): 16-17, 19-20.

Decision rationale: The progress report dated 9/9/13 noted that the patient continued with low back pain and reported an increase in neuropathic pain, as he was unable to take the Lyrica. The

patient reported that with Lyrica his burning tingling pain is reduced and his chronic pain is better managed. Exam findings included, restricted range of motion with pain in the lumbar spine. The patient's diagnoses include: disc disorder lumbar; low back pain; and depression. A report by a neurologist, dated 5/25/11, was provided that documented low back pain with lower extremity radicular pain. An magnetic resonance imaging (MRI) from 2005 showed mild central stenosis and multi-level foraminal stenosis, which help explain the patient's radicular/neuropathic pain. A request was made for the patient to continue with Lyrica 150 mg three times a day for the neuropathic pain. The MTUS guidelines supports the use of Lyrica for neuropathic pain. Therefore, authorization is recommended.