

Case Number:	CM13-0032770		
Date Assigned:	12/06/2013	Date of Injury:	05/31/2007
Decision Date:	02/07/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/08/2013

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 & Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 78-year-old male who reported an injury on 05/31/2007. The mechanism of injury was not provided. The patient was noted to have burning pain in his leg and an altered sensory loss to light touch and pinprick in the left lateral calf and the bottom of the foot. The patient's diagnoses were noted to be history of burst fracture at L3 from a fall and component of burning pain in the left leg in the way of neuropathy. The request was made for a Lyrica refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Drugs (AEDs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Drugs (AEDs), Lyrica Page(s): 16.

Decision rationale: The MTUS guidelines indicate that Lyrica is recommended for neuropathic pain. The employee was noted to have burning pain in the leg and an altered sensory loss to light touch and pinprick in the left lateral calf and the bottom of the foot and was noted to be taking Lyrica for the pain. The clinical documentation submitted for review failed to provide

the efficacy of the requested medication as it was noted the employee has been on the medication per provided documentation since 10/2012. There is a lack of documentation indicating the functional benefit of the medication. Given the above, the request for 1 prescription of Lyrica 75 mg #30 between 8/29/2013 and 11/9/2013 is not medically necessary.