

Case Number:	CM13-0035071		
Date Assigned:	12/13/2013	Date of Injury:	03/22/2011
Decision Date:	06/20/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/16/2013

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 67-year-old male who reported an injury on 03/22/2011. The mechanism of injury was not provided. The clinical note dated 12/06/2013 reported the injured worker complained of low back pain rated 5/10. The injured worker reportedly stated the pain was dull and radiated into the left leg and was exacerbated by sitting. He also reportedly stated the only alleviating factors were epidurals, medial branch blocks, rhizotomies, and oral pain medications. It was noted the injured worker's previous treatments also included physical therapy and chiropractic care, which provided only temporary pain relief. The injured worker's medication regimen included Butrans, Lyrica, Celebrex, and Omeprazole. The physical examination noted tenderness to palpation of the lumbar facets and straight leg raise was positive on the left. There was also tenderness of the thoracolumbar fascia and the sacroiliac joints were nontender to palpation. A Patrick's test was negative bilaterally and the greater trochanteric bursas were also nontender to palpation bilaterally. The injured worker's motor testing was a 5/5 in the lower extremities and it was noted radiculopathy following the bilateral L5-S1 nerve root was markedly decreased. The injured worker's sensation perception was intact to soft touch in the bilateral lower extremities. The injured worker's diagnoses included postlaminectomy syndrome of the lumbar region, thoracic or lumbosacral neuritis or radiculitis, sciatica, lumbosacral spondylosis without myelopathy, and lumbago. The treatment plan included recommendations for prescriptions of Butrans, Lyrica, Celebrex, Omeprazole, and a recommendation for bilateral L5-S1 transforaminal epidural steroid injections. The Request for Authorization was submitted on 12/06/2013. A clear rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION: LYRICA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-EPILEPSY DRUGS (AEDs), PREGABALIN (LYRICA).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Antiepilepsy drugs (AEDs) Page(s): 19.

Decision rationale: The request for Lyrica medication 50 mg is not medically necessary. The injured worker has a history of low back pain radiating to the left leg previously treated with physical therapy, chiropractic care, epidurals, medial branch blocks, rhizotomies, and oral pain medications. The Chronic Pain Medical Treatment Guidelines, state anti-epilepsy drugs are recommended for neuropathic pain. Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia and is considered first-line treatment for both. The clinical information provided for review noted the injured worker had low back pain alleviated by epidurals, medial branch blocks, rhizotomies, and oral medications; however, there is a lack of documentation to provide clear evidence the injured worker has signs and symptoms of radiculopathy to include numbness, tingling, and decreased motor strength. In addition, the efficacy of the medication was unclear within the provided documentation and the request failed to provide the quantity requested. Therefore, the request for Lyrica medication 50 mg is not medically necessary.