

Case Number:	CM13-0036512		
Date Assigned:	12/13/2013	Date of Injury:	06/13/2003
Decision Date:	02/07/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/21/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 61 year old male with a DOI of 06/13/2003. The patient has complaints of spasms and pulling pain to his thighs and the back of his calves. The patient was seen on 11/06/2013 and was documented to complain of onset of dizziness, nausea, depression, and visual hallucinations after he started taking Lyrica. The patient stated that he had discontinued the use of the medication following the onset of side effects. Upon examination it was unclear if the medication was the cause of the patient's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS and Pregabalin (Lyrica®), Page(s): 20.

Decision rationale: The request for Lyrica 75mg #90 with 3 refills is non-certified. The patient is a diabetic with symptoms of diabetic neuropathy to his lower extremities. The guidelines recommend the use of Lyrica has been documented to be effective in treatment of diabetic neuropathy and is considered first-line treatment. However, given the patient's complaints of

dizziness, depression, visual hallucinations, and blurred vision are consistent with the side effects listed for the medication and the patient complaint of onset of side effects upon beginning the medication, it is probable the medication is the cause of the symptoms. The guidelines state that Lyrica has been associated with many side effects including edema, CNS depression (which includes impaired thinking), weight gain, and blurred vision. Given the records submitted for review the request for Lyrica 75mg #90 with 3 refills is non-certified.