

Case Number:	CM13-0051931		
Date Assigned:	01/15/2014	Date of Injury:	10/06/2008
Decision Date:	05/28/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/23/2013

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 Internal Medicine and is licensed to practice in 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 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 38 year old female who sustained an injury on 10/06/08 while carrying lettuce. The patient slipped on wet ground falling onto the foot and right ankle sustaining inversion injury. The patient described tingling in the right foot. Prior medication use included Lidoderm patches and muscle relaxers. The clinical record from 06/05/13 noted complaints of low back pain radiating to the right lower extremity in L5 distribution. The patient also described weakness in the right lower extremity. On physical examination the patient ambulated with an antalgic gait. There was some suggestion of hypoesthesia in L5 distribution. No clear motor weakness was identified and there was tenderness to palpation with loss of lumbar range of motion. Imaging showed cystic structure at right L4-5 facet and degenerative disc disease at L5-S1. The patient was seen on 01/09/14 with continuing complaints of right lower extremity symptoms and low back pain. It was unclear what the medications were at this visit as she was unable to remember the specific medications. On physical examination there was no evidence of neurological deficit; however, there was some evidence of a right hypoesthesia in S1 distribution. The patient was provided samples of Cymbalta at this visit. Previous requests for Lyrica had been denied by utilization review as there was no clear evidence regarding neuropathic symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 150 MG# 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 50-54.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, regarding Antiepilepsy," Recommended for neuropathic pain (pain due to nerve damage... There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy." In this case, there was no indication from the clinical notes what the response was to trial to a trial of Cymbalta. The patient was provided samples of Cymbalta in January of 2014. It was unclear what response was to this medication. Both Lyrica and Cymbalta are first recommended first line medications in the treatment of neuropathic pain. Given that the patient was provided samples of Cymbalta as of January of 2014, it would have been prudent to determine the response to this medication before considering other medications for neuropathic pain such as Lyrica. The request for Lyrica 150 mg # 60 is not medically necessary and appropriate.