

Case Number:	CM13-0056815		
Date Assigned:	12/30/2013	Date of Injury:	04/15/1980
Decision Date:	07/21/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/23/2013

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 Occupational 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 injured worker is a 60 year old male who had worked related injuries on 04/15/80. The injured worker had two separate injuries. A back/lumbar strain occurred when lifting, then a more severe crush injury of the left foot three months later (July 1980) when a heavy container fell on him. Treatment included physical therapy, epidural steroid injection to the lumbar spine, medial branch blocks, and lumbar medial branch ablations. Epidural steroid injection provided relief in 2012. The injured worker underwent bilateral L3, L4, and L5 medial branch blocks on 06/06/13 and 06/21/13. A good response to the medial branch blocks is noted. The injured worker underwent radiofrequency rhizotomy in 07/13 with 60% relief of symptoms. Rhizotomy was bilateral L3, L4, and L5. Most recent progress note dated 10/21/13 revealed that the patient was complaining of low back and right leg discomfort. Pain was described as sharp, dull/achy, electrical shooting, cramping type pain. Aggravated by activity, sitting, standing. Alleviated by rest and lying down. Visual Analogue Scale (VAS) scores ranged from 5-7 with no significant change. Current medications are Avinza 60mg one by mouth daily. Norco 10/325mg one by mouth daily and as needed for pain. Lyrica 150mg 100 one by mouth three times daily. Lidoderm 5% Patch, or. Celebrex 200mg one by mouth daily. Naltrexone 50mg tablet. Amitriptyline one tablet 100mg one tablet at bedtime. Physical examination height 74 inches. Weight 215 pounds body mass index (BMI) was 27.70. Lumbar/sacral exam reveals tenderness to palpation L4-5. Pain and tenderness across low back on extension and along facet joints. Flexion 100 degrees. Hyperextension 20 degrees. Right lateral bending 25 degrees. Negative straight leg raise bilaterally. Toe and heel walking unremarkable. No provocative signs for sacroiliac joint involvement. No paraspinal muscle spasm. Right Extensor hallucis longus (EHL) rated 4+/5 all other muscle groups rated 5/5. Normal sensation. Diagnosis are lumbar facet arthropathy, sprain/strain lumbosacral, Lumbar radiculopathy, lumbar discogenic spine

pain, degenerative disc disease lumbar, Myofascial pain syndrome, and Chronic pain. Prior utilization review dated 10/29/13 Lyrica non-certified Lyrica 150 non-certified Lyrica 75mg non-certified Avinza certified. Current request is for Lyrica 150mg one by mouth twice daily #60 with one refill. Lyrica 75mg one POQ six hours #120 with one refill. Avinza one by mouth daily 60mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 150MG (1) BY MOUTH TWICE A DAY #60 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14-15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-22.

Decision rationale: The request for Lyrica 150mg one by mouth twice daily #60 with one refill is not medically necessary. The clinical documentation does not support the request for Lyrica 150 mg. Chronic Pain Medical Treatment Guidelines it's recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain. There is no documentation of neuropathic pain, or fibromyalgia. There is no documentation of improved functional activities, visual analogue scale (VAS) pain score has not changed significantly. Medical necessity has not been established, therefore is not medically necessary.

LYRICA 75MG 1 BY MOUTH EVERY (6) HOURS #120 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Lyrica.

Decision rationale: The request for Lyrica 75mg one by mouth every six hours #120 with one refill is not medically necessary. The clinical documentation does not support the request for Lyrica 75 mg. According to guidelines it's recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain. There is no documentation of neuropathic pain, or fibromyalgia. There is no documentation of improved functional activities, visual analogue scale (VAS) pain score has not changed significantly. Medical necessity has not been established, therefore the request is not medically necessary.