

Case Number:	CM13-0060805		
Date Assigned:	01/03/2014	Date of Injury:	04/07/2005
Decision Date:	05/30/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/03/2013

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 Anesthesiology, 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 49-year-old male who reported an injury on 04/07/2005, after being struck by a vehicle. Current diagnoses include status post transpedicular lumbar fixation, status post laminectomy, lumbar disc syndrome, left lower extremity radicular symptoms, intermittent right L5 radicular symptoms, hypertension, depression, cervical sprain, status post PLIF on 04/24/2012, general fatigue, right wrist sprain and left knee contusion. The injured worker was evaluated on 10/24/2013. The injured worker reported persistent lower back pain with bilateral lower extremity radiation. The injured worker also reported chronic neck pain and left shoulder pain. The injured worker was participating in physical therapy. Current medications include tramadol ER 100 mg, tramadol 50 mg, Lyrica 75 mg, Cymbalta 60 mg and Voltaren gel. The injured worker reported 7/10 out of pain with medication. Physical examination revealed tenderness in the bilateral paracervical musculature, tenderness over the left trapezius and left levator scapular musculature, limited cervical range of motion, tenderness in the midline lumbar spine, tenderness in the bilateral gluteal musculature, positive straight leg raising on the left and limited lumbar range of motion. Treatment recommendations at that time included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICIA 75MG THREE TIMES DAILY # 45 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-20.

Decision rationale: California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia. As per the documentation submitted, the injured worker has utilized Lyrica since 06/2013. Despite ongoing use of this medication, the injured worker continues to report 7/10 pain in the lower back, bilateral lower extremities, neck and left shoulder. There is no evidence of objective functional improvement as a result of the ongoing use of this medication. Therefore, the request cannot be determined as medically appropriate.