

Case Number:	CM13-0068017		
Date Assigned:	01/03/2014	Date of Injury:	03/11/2010
Decision Date:	08/07/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/18/2013

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 Physical Medicine and Rehabilitation 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 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:

This 66 year-old patient sustained a low back injury on 3/11/10 from lifting a basket of bolts while employed by [REDACTED]. The request under consideration includes Lyrica 50 mg TID #90. Conservative care has included medications, therapy, modified activities/rest, lumbar L5-S1 epidural steroid injections (ESI), and lumbar medial branch blocks at L3, L4, L5 (9/14/11). Electromyography (EMG)/nerve conduction velocity (NCV) of 12/16/10 showed bilateral lower extremities with evidence of chronic left S1 radiculopathy. Report of 11/21/13 from the provider noted the patient with chronic constant low backache radiating down the buttocks and bilateral lower extremities rated at 8/10. An exam showed paravertebral muscles with hypertonicity, spasm, tenderness and muscle bands on palpation; motor strength of 5-/5 diffusely in lower extremity; decreased sensation in lateral foot/toes on right and left lateral thigh; and positive straight leg raise (SLR) bilaterally. The request for Lyrica #90 was modified for quantity of #60 on 12/12/13 citing guideline criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 50 MG TID #90: 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
Pregabalin (Lyrica) Page(s): 100.

Decision rationale: Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This anti-epileptic medication may be helpful in the treatment of radiculopathy and would be indicated if there is documented significant benefit. It appears the medication has been prescribed for quite some time; however, there is no documented functional improvement as the patient continues with constant severe pain of 8/10 and remains out of work. Submitted medical reports have not adequately demonstrated indication and functional benefit to continue ongoing treatment with this anti-epileptic. As such, the request is not medically necessary.