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| Case Number: | CM14-0001140 | | |
| Date Assigned: | 01/22/2014 | Date of Injury: | 07/05/2007 |
| Decision Date: | 06/06/2014 | UR Denial Date: | 12/20/2013 |
| Priority: | Standard | Application Received: | 01/02/2014 |

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 Texas and 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 patient is a 61 year old male who was injured on 7/5/2007. The patient was being treated for low back pain, neck pain, right knee and right shoulder pain. The past surgery history is significant for two lumbar epidural steroid injections, right knee arthroscopy, right total knee replacement and L4 to S1 fusion. A 2013 MRI was significant for T11 and T12 fractures and neural foraminal stenosis of the lumbar spine. The medications listed are Ultram, Celebrex and Lyrica for pain and Prilosec for the prevention of NSAID induced gastritis. The patient is ambulating with the help of a neck brace, back brace, knee brace and a walking cane. He completed PT treatments without significant benefit. [REDACTED] noted that the low back pain was associated with sensations of pins and needles as well as numbness and burning pain. A Utilization Review decision was rendered on 12/20/2013 recommending non certification for Lyrica 200mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 200MG, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain: Anti-Epileptic Drugs / Lyrica; Weaning Of Pregabalin.

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

Decision rationale: The CA MTUS addressed the use of medications in the treatment of neuropathic pain. It is recommended that anticonvulsants and antidepressants be used as first-line medications for the treatment of neuropathic pain. The records indicate that the low back pain did have neuropathic characteristics. The patient had a history of lumbar spine fusion surgery as well as significant beneficial effects following lumbar epidural steroid injections. The low back pain radiates to the lower extremities. The pain characteristics were listed as burning, numbness with pins and needles sensations. The criteria for treatment of the neuropathic pain with Lyrica were met.