

Case Number:	CM14-0005669		
Date Assigned:	02/05/2014	Date of Injury:	04/06/1990
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/13/2014

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 Family Practice 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 59 year old female who reported an injury on 04/06/1990, due to an unknown mechanism. The clinical note dated 09/24/2013 presented the injured worker with lower back pain. The physical examination of the cervical spine presented with range of motion values of 55 degrees of flexion and 45 degrees of extension. There was tenderness noted to the bilateral paravertebral muscles and a positive Spurling's maneuver. The injured worker was diagnosed with post laminect syndrome, lumbar radiculopathy, lumbar disc disorder, and sacroiliac pain. The provider recommended Lyrica 100MG #60 with 5 refills. The request for authorization form was not included in the medical documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 100MG #60 WITH FIVE (5) REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica, (Pregabalin) Page(s): 20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica), Page(s): 99.

Decision rationale: The request for Lyrica 100MG #60 with 5 refills is medically necessary. The California MTUS guidelines recommend Lyrica as an effective treatment for diabetic

neuropathy and neuralgia and is considered a first-line treatment for both. The injured worker has evidence of radiculopathy, and is showing functional improvement with the current medication regimen. Therefore, the request is medically necessary.