

Case Number:	CM14-0007440		
Date Assigned:	02/07/2014	Date of Injury:	02/12/2003
Decision Date:	07/11/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/16/2014

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 Occupational Medicine 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:

The patient is a 53-year-old female patient with a 2/12/03 date of injury. The mechanism of injury was not provided. A 12/11/13 progress report indicated that the patient experienced persistent pain in the left scalp, neck, shoulders, low back and legs, 8-9/10. She described sharp and burning pains radiating into the neck, lower back and bilateral lower extremities, which were reduced with Neurontin. Physical exam demonstrated moderate tenderness over paraspinal musculature from C4 to the sacrum. Range of motion was limited by pain. She was prescribed Lyrica 50 mg #21 sample to be taken as a trial. She was diagnosed with chronic neck pain, chronic low back pain, degenerative lumbar disc, lumbar facet joint arthropathy, left shoulder pain, and knee pain. Treatment to date include medication management. There is documentation of a previous 1/2/14 adverse determination, based on the fact that there was no evidence of diabetic neuropathy, post-herpetic neurology or fibromyalgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 75 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines, states that 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. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. However, the provider gave the patient a trial of Lyrica, and there is no documentation of functional gains or improvement of the neuropathic symptoms. Therefore, the request for Lyrica 75 mg #30 is not medically necessary and appropriate.