

Case Number:	CM14-0009237		
Date Assigned:	06/11/2014	Date of Injury:	07/29/2005
Decision Date:	08/07/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/23/2014

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 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:

The injured worker is a 72-year-old female who reported an injury on 07/25/2005. The mechanism of injury was not provided in the medical records. Her current diagnoses include chronic low back pain syndrome, depressive disorder, mononeuritis of the lower limb, lumbar herniated disc, and lumbar postlaminectomy syndrome. Her previous treatments include physical therapy, aquatic therapy, and medications. Within the most recent clinical note dated 06/02/2014 the injured worker reported she continued to have difficulty with ambulation and has an onset of increasing right hip pain and right lower extremity radicular complaints. On physical examination, the physician reported the injured worker had difficulty arising from a chair and she had an antalgic gait favoring her right lower extremity and required a cane for ambulation. The physician reported she had a positive seated straight leg raise on the right with not only pain radiating into the S1 distribution, which was her previous baseline, but also a new pain radiating to the L4 distribution. She had hyperesthesia in the L4 and S1 dermatomes with significant pain to any palpation around the gluteal area and right hip. The physician also reported the injured worker had pain with right hip adduction, internal and external rotation. In the discussion notes, the physician reported the injured worker had developed significant right hip and right lower extremity pain that was new. He also indicated that she had a neurological decline in the lower extremities with signs of neural tensioning. The physician's treatment plan included self-acquiring aquatic therapy twice a week along with doing a walking program. The current request is for Lyrica 75 mg #60 with 2 refills. The rationale for the medication was not provided. The Request for Authorization was provided in the medical records on 06/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 75 MG #60 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LYRICA (PREGABALIN).

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

Decision rationale: The current request for Lyrica 75 mg #60 with 2 refills is not medically necessary. The California MTUS Guidelines state that antiepilepsy drugs (AEDs) are recommended for neuropathic pain. The guidelines also indicate that Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia and has FDA approval for both indications and considered first line treatment for both. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with the medication. The continued use of AEDs depends on improved outcomes versus tolerable or adverse effects. The clinical documentation provided indicated the injured worker continued to have complaints of low back pain radiating to her right leg. The guidelines recommend switching agents or combination therapy if there is less than a 30% reduction in pain. Based on the lack of improvement with using Lyrica continued use is not appropriate. Therefore, the request for Lyrica 75 mg #60 with 2 refills is not medically necessary.