

Case Number:	CM14-0009634		
Date Assigned:	02/14/2014	Date of Injury:	08/23/2012
Decision Date:	07/14/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/24/2014

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:

This is a 66-year-old male with an 8/23/12 date of injury. The exact mechanism of injury has not been described. On 12/12/13, the patient reported increasing neck pain, which he rates as an 8/10. The pain is constant and can increase to a sharp pain radiating to his left arm. The pain medications do help the pain. The provider notes that they will start using Lyrica. Objective: limited cervical ROM, with spasm and twitching of the muscles on palpation. There is intact sensory perception. Diagnostic Impression: Cervicalgia, Brachial Radiculitis, Cervical Degenerative Disease. Treatment to date: massage, home exercise, medication management, activity modification. A UR decision dated 1/17/14 denied the request for Lyrica. The rationale for the denial was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NINETY (90) CAPSULES OF LYRICA 50 MG: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS 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. This patient is noted to have chronic neuropathic pain with a 2012 date of injury. He has increasing radicular pain on exam and was noted to be started on Lyrica. The guidelines consider Lyrica a first-line agent for treatment of neuropathic pain. Therefore, the request for Ninety (90) Capsules of Lyrica 50 mg is medically necessary.