

Case Number:	CM14-0019082		
Date Assigned:	04/23/2014	Date of Injury:	09/26/2005
Decision Date:	07/23/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/14/2014

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 46-year-old female who reported an injury on 09/26/2005. The mechanism of injury was not provided with the medical records. Medical note dated 01/24/2014 noted the injured worker with complaints of shoulder pain. Upon the cervical exam, the palpation of the cervical foramen caused tingling going to the bilateral upper extremities, range of motion limited due to pain, and then lumbosacral exam noted tenderness on lumbar spine and severe tenderness on the bilateral S1 joint with a positive Patrick's and Faber's tests. The injured worker was diagnosed with disc protrusion for the C5-6, stenosis, cervical spine C6-7, cervical radiculopathy, repair of carpal tunnel syndrome to the left, rule out thoracic outlets syndrome, lumbar radiculopathy, spondylosis in the lumbar, chronic pain syndrome, myofascial pain syndrome, and sacroiliac joint dysfunction. Treatment included continued use of Lyrica and oxycodone 325 mg. The provider recommended Lyrica 25 mg with a quantity of 30. The provider's rationale for the request was not provided within the documentation. The Request for Authorization form was not included within the medical documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 25MG #30: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommends Lyrica to be effective in treatment of diabetic neuropathy and considered a first line treatment. The included medical documentation did not indicate that the injured worker has a diagnoses, or symptoms that would indicate diabetic neuropathy. The provider's rationale for the request was not provided within the documentation. Lyrica is an ongoing medication for the injured worker; it is unclear as to how long this medication has been prescribed. The medical documents provided lack evidence of a positive response to treatment that would include increased function, decreased pain, improved quality of life. The documentation lacked evidence of efficacy of the medication and a complete and accurate pain assessment. As such, the request is not medically necessary.