MAXIMUS Federal Services

Case Number:	CM14-0019950		
Date Assigned:	04/28/2014	Date of Injury:	05/15/2003
Decision Date:	08/07/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/18/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 61-year-old female who reported an injury on 05/15/2013 with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 03/27/2014, the injured worker continued to complain of low back pain and bilateral lower extremity pain with the left greater than the right. It was noted that she complained of numbness, tingling, and weakness of the lower extremities. Previous treatments included a lumbar discogram and medication management. The injured worker's prescribed medication regimen included Norco, Lyrica, omeprazole, Lidoderm patches, and Paxil. It was annotated that the injured worker rated her pain status at 3-4/10 with the use of medication and without the use of medication she rated per pain level at 9/10. It was also noted that the injured worker reported a 50% improvement pain level status with current medications. It was also documented that the injured worker showed no evidence of drug-seeking behavior and that a urine drug screen showed evidence of compliance with the prescribed medications. The physical examination of the low back revealed tenderness in the mid line lumbar spine from L1 through L5. There was also tenderness in the bilateral paralumbar musculature, greater on the left side. The lumbar spine range of motion was documented at flexion of 60 degrees, extension of 0 degrees, right lateral flexion of 10 degrees, and left lateral flexion of 10 degrees. A positive straight leg to the left was annotated. The diagnoses included lumbosacral spondylosis with discogenic pain at L4-5 and L5-S1 per the discogram of 07/25/2011; lumbar facet arthropathy; lumbar radiculopathy, left lower extremity; headaches; and situational depression secondary to chronic pain. The treatment plan included the request for a continuation of Norco 10/325 mg, Prilosec 20 mg, Lyrica 75 mg twice a day for neuropathic pain #60, Lidoderm patches, and Ambien and Fiorcet, and a continuation of psychiatric treatment. The Request for Authorization for Lyrica 75 mg was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 75MG: 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, 19.

Decision rationale: The request for Lyrica 75 mg is not medically necessary. The California MTUS Guidelines state that antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized control trials for the use of this class of medication for neuropathic pain had been directed at post herpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few randomized control trials directed at central pain and for painful radiculopathy. Lyrica has been documented to be effective in the treatment of diabetic neuropathy and post herpetic neuralgia; has FDA approval for both indications; and is considered a first line treatment for both. This medication is designated as a schedule 5 controlled substance because of its causal relationship with euphoria. This medication also has an antianxiety effect. In the clinical notes provided for review, it is annotated that the injured worker has improvement of quality of life with the use of the prescribed medications. However, there is documentation stating that the injured worker reported tenderness, tingling, and weakness of the lower extremities. Additionally, the guidelines recommend the use of antiepilepsy drugs for neuropathic pain due to nerve damage. As such, the injured worker has a surgical consultation and evaluation with an orthopedic surgeon. Furthermore, the request lacks the frequency at which the prescription for Lyrica is to be taken. Therefore, the request for Lyrica 75 mg is not medically necessary.