

Case Number:	CM14-0122265		
Date Assigned:	08/06/2014	Date of Injury:	11/24/2012
Decision Date:	09/16/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/01/2014

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 37-year-old female who reported an injury on 11/24/2012. The mechanism of injury was not submitted in the documentation. The injured worker has diagnoses of morbid obesity, significant postsurgical lumbar discopathy, and lumbar disc annular tear. The injured worker's physical medical treatment consists of physical therapy, occupational therapy, injections, aquatic therapy, and medication therapy. Medications include Norco 10/325 mg 1 by mouth every 6 to 8 hours, Flexeril 10 mg 1 tablet 2 times a day, gabapentin 600 mg 1 pill by mouth 3 times a day. The injured worker underwent an EMG/NCV of the bilateral lower extremities. The injured worker is status post lumbar fusion 01/27/2013. The injured worker complained of severe pain, aching, burning, and stabbing in her lower back. She had constant low back symptomatology with radiation to the lower extremities. The injured worker complained of burning pain with numbness and pins and needles sensation in her lower extremity. There were no measurable pain levels documented in the submitted report. Physical examination dated 07/24/2014 revealed that there was tenderness at the occipital insertion of the paracervical musculature. There was mild tenderness bilaterally in the trapezius. The midline base of the cervical spine was tender. Neurological testing was intact. Range of motion revealed a flexion of 40 degrees with discomfort, extension of 30 degrees with significant paracervical discomfort. There was inhibition of rotation to the right and left to only 20 degrees. Scapular retraction was limited and produced rhomboid pain. Full shoulder motion was accompanied by trapezius tenderness and pain. Deep tendon reflexes were intact. Sensation was also intact in all upper extremities. Motor strength revealed mild inhibition by neck pain but no gross weakness. Examination of the lumbar spine revealed no refluxes of kyphosis deformity. There was slight flattening of the lumbar lordosis. There was no swelling present on inspection. There was tenderness in the paraspinous musculature of the lumbar region bilaterally. Midline tenderness

was noted in the lumbar region as well. The lumbar spine bilaterally was negative for muscle spasm. Range of motion revealed a flexion of 20 degrees, extension of 15 degrees, rotation to the right of 15 degrees, rotation to the left of 10 degrees, tilt to the right of 15 degrees, and tilt to the left of 15 degrees. Sensation testing had a slightly abnormal result with pinwheel. Motor strength examination by manual test was essentially normal. Deep tendon reflexes revealed with the knee and ankle 2/2 bilaterally. Clonus was negative. The treatment plan is for the injured worker to continue Lyrica 75 mg 1 tablet 2 times a day. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg 1 tablet 2 times a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Pregabalin (Lyrica, no generic available) Page(s): 16, 19-20.

Decision rationale: The request for Lyrica 75mg 1 tablet 2 times a day is non-certified. The injured worker complained of severe pain, aching, burning, and stabbing in her lower back. She had constant low back symptomatology with radiation to the lower extremities. The injured worker complained of burning pain with numbness and pins and needles sensation in her lower extremity. There were no measurable pain levels documented in the submitted report. The California MTUS guidelines indicate that Lyrica is recommended for neuropathic pain. The CA MTUS states Lyrica is an anticonvulsant that 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. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. This medication also has an anti-anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. As per guidelines above, the injured worker is not within the MTUS Guidelines. The injured worker had no diagnosis of diabetic neuropathy or postherpetic neuralgia. Furthermore, there was no notation in the submitted report indicating that the injured worker had any type of anxiety. The submitted report dated 07/24/2014 lacked any clear objective findings to support ongoing neuropathic conditions which would reasonably require the use of an anticonvulsant. Although Lyrica is a first line recommended medication in the treatment of neuropathic pain. The submitted documentation did not substantiate the use of this medication. Furthermore, the submitted request did not specify a duration. As such, the request for Lyrica 75mg 1 tablet 2 times a day is non-certified.