

Case Number:	CM14-0122868		
Date Assigned:	08/08/2014	Date of Injury:	09/30/2010
Decision Date:	10/02/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/04/2014

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 & 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 patient is a 42-year-old female who has submitted a claim for cervicobrachial syndrome (diffuse) associated with an industrial injury date of September 30, 2010. Medical records from 2014 were reviewed. The patient complained of neck pain. Quality of sleep was poor. Current medications include Lyrica, Naprosyn, and Lidoderm patch. Urine drug screen done on June 2, 2014 does not detect Lyrica as this was only taken on an as needed basis. Physical examination of the cervical spine showed straightening of the spine with loss of normal cervical lordosis; limitation of motion; paravertebral muscle spasm; tenderness over the paracervical muscles and trapezius; Spurling's maneuver causes pain in the muscles of the neck without radicular symptoms; 2/4 biceps and brachioradialis reflexes on the right, and 0/4 on the left; 2/4 triceps reflex on the right, and 2/4 on the left; and decreased light touch sensation globally in the left upper extremity, most especially at the left C5-7 dermatomes. The diagnoses were cervical radiculopathy, post cervical laminectomy syndrome, and cervical pain. Treatment to date has included oral and topical analgesics, physical therapy, TENS, psychotherapy, and cervical spine surgery. Utilization review from May 30, 2014 denied the request for Lyrica #60. There was no documented failure of Gabapentin to warrant advancing to Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 25 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Page(s): 16-17.

Decision rationale: As stated on pages 16-17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as Pregabalin and Gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, the patient has been on Lyrica since October 2013. However, there was no documentation concerning pain relief and functional improvement derived from its use. Moreover, most recent progress reports show evidence of neurologic deficit but no clear documentation of neuropathic pain. The medical necessity cannot be established. There is no clear indication for the request at this time. Therefore, the request for Lyrica 25 mg #60 is not medically necessary.