

Case Number:	CM14-0125537		
Date Assigned:	08/11/2014	Date of Injury:	08/11/2008
Decision Date:	09/15/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/07/2014

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, has a subspecialty in Pain 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:

The injured worker is a 58 year old male who had a work related injury on 08/11/08. Mechanism of injury was not noted. Current diagnoses; were lumbar sprain with degenerative disc disease, degenerative joint disease, status post fusion, chronic pain, opiate tolerance, recurrent superficial venous thrombosis. Treatment included medications, medical office visits, spinal decompression surgery 09/09, lumbar radiofrequency ablation of medial branch nerves 11/15/13. Office note dated 04/11/14 pain score 7-10, better comparable to pain score when he was taking escalating doses of pain medication. Noted ongoing low energy, feeling depressed at times, denied any suicidal ideation. The injured worker had three prior lumbar surgeries, ongoing bilateral neuropathic, and bilateral leg pain. Psychological evaluation was requested for spinal cord stimulator trial. Apparently that was denied. On physical examination patient was a healthy, well appearing male in no acute distress. He ambulated without a device. Gait was normal. Lumbar spine on palpation, paravertebral muscles, tight muscle band, and trigger points (twitch response was obtained along with radiating pain on palpation) was noted on both sides. Straight leg raise test was positive both sides and sitting at 30 degrees. Treatment plan was 58 year old male with ongoing low back and bilateral extremities pain with post-laminectomy syndrome, not a great surgical candidate seeking to wean off Suboxone and try non-opiate options. Prior utilization review on 08/01/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg: Overturned

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

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

Decision rationale: As noted on page 99 of the Chronic Pain Medical Treatment Guidelines, Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy, postherpetic neuralgia, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. The clinical documentation establishes the presence of objective findings consistent with neuropathy. As such, the request for this medication is recommended as medically necessary at this time.