

Case Number:	CM14-0139334		
Date Assigned:	09/05/2014	Date of Injury:	01/02/2001
Decision Date:	10/09/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/28/2014

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, 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 49 year old male with a reported date of injury on 01/02/2001. The mechanism of injury was due to a fall. The diagnoses included lumbar radiculopathy and lumbar degenerative disc disease. The past treatments included pain medication, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, spinal cord stimulator, and surgery. There were no diagnostic imaging provided for review. The surgical history included lumbar fusion L3-S1. The subjective complaints on 08/27/2014 consisted of severe low back pain that radiates to bilateral lower extremities. The physical examination noted restricted lumbar range of motion in all planes, muscle strength rated at 4/5 in bilateral lower extremities, and lumbar muscle spasms. The medications consisted of morphine, Lyrica, Robaxin, Ambien, and Nucynta. The notes document a 50% improvement of his neuropathic pain with Lyrica. The Oswestry disability index was provided and indicated 84% disability without Lyrica and 70% disability with Lyrica. The treatment plan was to refill Lyrica. The rationale was to decrease pain and maintain his level of function. The request for authorization form was dated 08/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg, qty 90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The request for Lyrica 150mg, # 90 with 2 refills is not medically necessary. The California MTUS guidelines state in regarding Lyrica, that after initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The patient has chronic low back pain that radiates to lower extremities. The notes document a 50% improvement of his neuropathic pain with Lyrica. Additionally, the Oswestry disability index was provided and indicated 84% disability without Lyrica and 70% disability with Lyrica. The continued use of Lyrica would be supported; however, the request as submitted did not provide a medication frequency. In the absence of a medication frequency, the request is not supported. As such, the request is not medically necessary.