

Case Number:	CM14-0151955		
Date Assigned:	09/22/2014	Date of Injury:	01/30/2010
Decision Date:	10/21/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/17/2014

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 Texas. 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:

Medical records reflect the claimant is a 31 year old female who is status post fusion performed in 2012. The claimant has ongoing low back pain. Office visit on 4-14-14 notes the claimant's exam shows tenderness at the lumbar spine with no guarding. No spasms, negative SLR (straight leg raise), negative Fabere's. Motor strength is 5/5. Reflexes are symmetrical. No muscle atrophy appreciated. Current medications include Lyrica, Alprazolam, Lidoderm patches, Trazodone, Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 225MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epileptic medications (AEDs) Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - antiepileptic

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that anti convulsants are recommended for neuropathic pain. This claimant has no physical exam of radiculopathy on exam. She has normal reflexes, no atrophy, no sensory loss documented.

Negative DTR (deep tendon reflexes), motor testing is 5/5. Therefore, the medical necessity of this request is not established.