

Case Number:	CM14-0152884		
Date Assigned:	09/23/2014	Date of Injury:	05/28/2009
Decision Date:	10/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/19/2014

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 Interventional Spine 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 33 year old male with date of injury of 5/28/09. The treating physician report dated 6/24/14 indicates that the patient presents with pain affecting the thoracic and lumbar spine with radiation into the posterolateral right leg. The patient is improving with intrathecal dose escalation and tapering of oral medications. The physical examination findings reveal thoracic spine tenderness, lumbar spine central incision is well healed with tenderness to palpation at L3-S1, right lower extremity weakness is noted and radicular discomfort in L5 distribution with decreased pinprick sensation in the L4/5 distribution. The current diagnoses are: 1.Thoracic spine pain 2.Thoracic disc degeneration 3.Lumbar radiculopathy 4.Post lumbar spine surgery syndrome 5.Lower back pain. The utilization review report dated 9/9/14 denied the request for Lyrica #90 based on the MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for 90 capsules of Lyrica 150mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Pregabalin (Lyrica, no generic available) Pregabalin (Lyrica) Page(s): 16-2.

Decision rationale: The patient presents with chronic thoracic pain and lumbar pain with radiating pain into the right leg. The current request is for 1 prescription for 90 capsules of Lyrica 150mg. In reviewing the 68 pages of medical records provided it appears that the patient has been prescribed Lyrica since at least 3/12/14. The MTUS Chronic Pain Guidelines support the usage of Lyrica for neuropathic pain, diabetic neuropathy and postherpetic neuralgia. In this case the patient has been diagnosed with lumbar radiculopathy and has positive objective findings on examination. The patient has been stable on Lyrica for an extended period of time and the treating physician states, "Lyrica has been effective for neuropathic modulation thus continued." The request is medically necessary and appropriate.