

Case Number:	CM14-0158579		
Date Assigned:	10/02/2014	Date of Injury:	05/05/2010
Decision Date:	12/03/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/26/2014

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 Occupational 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:

Patient is a 58 year-old male with date of injury 05/05/2010. The medical document associated with the request for authorization, a primary treating physician's progress report dated 08/20/2014, lists subjective complaints as pain in the neck with radicular symptoms to the bilateral upper extremities and intermittent low back and left knee pain. Objective findings: Examination of the cervical spine revealed tenderness to palpation over the C5 through C7 levels. Range of motion was restricted in all planes. Spurling's and cervical compression tests were positive bilaterally. Sensory examination in the upper extremities revealed decreased sensation over the bilateral C6 dermatomes. Upper extremity, motor strength testing, revealed weakness in the deltoid and biceps muscle groups at 4/5 bilaterally. Deep tendon reflexes were 1+ in the biceps and brachioradialis, and 2+ in the triceps, bilaterally. Diagnosis: 1. Status post right knee chondroplasty 2. Status post re-exploration of the lumbar spine for postoperative fascial dehiscence and irrigation with debridement and re-approximation of the fascia closure and musculofascial reconstruction 3. Status post interlaminar laminectomy at the bilateral L3-4 and L4-5 levels 4. Right knee compensatory consequence injury with medial collateral ligament tear and meniscus tear 5. Bilateral lower extremity varicose veins 6. Bilateral Achilles tendonitis 7. Bilateral heel spurs 8. Bilateral shoulder sprain 9. Bilateral shoulder tendonitis 10. Herniated nucleus pulposus at C5-6 level with bilateral upper extremity radiculopathy 11. Status post fall with knee flare-up 12. Mild right knee effusion 13. Left knee posterior horn medial meniscus tear, knee effusion, bursitis, bone contusion and sprain. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as six months. Medications: 1. Lyrica 150mg, #30 SIG: 1 tablet by mouth every evening at bedtime (PO QHS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg 1 tablet by mouth every evening at bedtime (PO QHS) #30 with 1 refill:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 19-20.

Decision rationale: The MTUS states that Lyrica has FDA approval for painful diabetic neuropathy, post herpetic neuralgia, and fibromyalgia. The patient is not diagnosed with the above indications. In addition, a recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. Lyrica 150mg 1 tablet by mouth every evening at bedtime (PO QHS) #30 with 1 refill is not medically necessary.