

Case Number:	CM14-0167371		
Date Assigned:	11/07/2014	Date of Injury:	08/15/2003
Decision Date:	12/23/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/10/2014

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 Internal Medicine and is licensed to practice in Pennsylvania. 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 44-year-old gentleman with a date of injury of 08/15/2003. A note dated 07/08/2014 identified the mechanism of injury as a motor vehicle accident. Treating physician notes dated 07/08/2014 and 09/10/2014 indicated the worker was experiencing pain throughout the back and left hip pain and stiffness. Documented examinations consistently described an abnormal way of walking, decreased motion in the hip, tenderness and stiffness throughout the back, weakness in both legs, tenderness in both knees, decreased sensation along the path of the left L5 spinal nerve, positive right Spurling's test, and positive left patellar grind test. The submitted and reviewed documentation concluded the worker was suffering from chronic post-operative pain syndrome, lumbar radiculitis, degenerative disks involving the mid- and lower back, lower back pain with sciatica, neck pain, and osteoporosis. Treatment recommendations included oral pain medications, left hip replacement surgery, home exercise program and consideration of other non-pharmaceutical treatments, a C4-6 rhizotomy, injected pain medications, a MRI of the upper and mid-back, blood tests, and follow up care. A Utilization Review decision was rendered on 09/12/2014 recommending non-certification for sixty tablets of Lyrica (pregabalin) 150mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 16-22.

Decision rationale: Lyrica (pregabalin) is a medication in the antiepilepsy class. The MTUS Guidelines and FDA support its use in treating diabetic neuropathy, postherpetic neuralgia, fibromyalgia, and partial seizures. It can have euphoric and anti-anxiety side effects. When this medication is no longer providing benefit, the Guidelines support weaning over one week to avoid withdrawal effects. The submitted and reviewed documentation reported the worker was suffering from lumbar radiculitis and lower back pain with sciatica, among other medical issues. There was no suggestion the worker had any of the above conditions requiring treatment with this medication. There was no discussion supporting the use of this medication in this setting. A one-week wean should be able to be accommodated in the medication the worker already had. For these reasons, the request for sixty tablets of Lyrica (pregabalin) 150mg is not medically necessary.