

Case Number:	CM14-0167727		
Date Assigned:	10/15/2014	Date of Injury:	10/26/1998
Decision Date:	11/18/2014	UR Denial Date:	10/07/2014
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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 59-year-old male who was injured on 10/26/1998. He was diagnosed with cervical arthritis/disc degeneration, bilateral shoulder impingement syndrome, lumbar disc degeneration, bilateral knee patellar arthritis. He was treated with surgeries (lumbar), heat, ice, physical therapy, muscle relaxants, opioids and Lyrica. On 6/30/14, the worker reported his pain level being 9/10 with or without the use of his medications (Lyrica, Oxycontin, and Norco). On 9/26/14, the worker was seen by his pain management provider, complaining of his overall pain level being 9/10 as he had not been taking his medications due to not having them. He reported rating his pain level at 5-6 with the use of his medications (Oxycontin, Norco, Lyrica). He described his pain as sharp, throbbing, burning, aching, electricity, and pins and needles, increased by sitting and decreased by lying down. Physical findings included antalgic gait and tenderness of the cervical and lumbar areas. He was then recommended to continue his medications without change, was given a Toradol injection, and recommended a spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica (Pregabalin) 75mg capsules UD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica).

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

Decision rationale: The MTUS Guidelines state that anti-epilepsy drugs (or anti-convulsants) are recommended as first-line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. In the case of this worker, the Lyrica along with his other medications didn't seem to affect his pain level significantly (on 6/30/14). Later, it seems that his medications collectively produced closer to a 60% reduction in his pain. It is unclear if the Lyrica is contributing to this change or not, as it was not reported on after starting it. Also, the physical examination on the most recent progress note from 9/26/14 did not show objective evidence for his neuropathic pain. Without clear documentation showing the Lyrica providing some benefit, it is deemed medically unnecessary until proven otherwise.