

Case Number:	CM14-0171965		
Date Assigned:	10/23/2014	Date of Injury:	04/10/2013
Decision Date:	11/25/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/17/2014

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 & Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of April 10, 2013. A utilization review determination dated November 5, 2014 recommends modified certification of Lyrica. Modified certification was recommended due to documentation showing a decline in function and no improvement in pain with the use of Lyrica. The progress report dated July 24, 2014 identifies subjective complaints of pain rated as 6/10 with numbness, tingling, and weakness throughout the lower extremities. The note indicates that the medications have been up to 40% helpful and effective in reducing pain and spasm. Functional tolerance identifies sitting 15 to 20 minutes and standing and walking 5 to 10 minutes. The patient has moderate difficulty with self-care, grooming, toileting, and hygiene. Current medications include Lyrica 100 mg taken twice daily. Physical examination findings reveal paresthesia along the left leg and foot and motor weakness in both lower extremities. Diagnoses include lumbar radiculitis, chronic lumbosacral sprain, and sciatica. The treatment plan states that the patient's pain has been stabilized with the use of Lyrica medication. A urine drug screen performed on September 8, 2014 was negative for Lyrica and positive for opiates. A progress report dated June 26, 2014 identifies pain rated at 6-7/10. The treatment plan recommends increasing Lyrica to 100 mg twice daily. The note states that the patient is unsure if the increase in Lyrica from 50 to 75 mg has made any difference. A progress report dated June 5, 2014 shows that the patient's pain is rated as 6/10 and the patient is able to sit for 20-25 minutes, stand for 20-25 minutes, and walk for 20-25 minutes. Lyrica was recommended to be increased from 50 mg twice daily to 75 mg twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica (pregabalin) 100mg Capsules, #60, 1 tablet twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20; 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: Regarding request for pregabalin (Lyrica), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. In the absence of such documentation, the currently requested pregabalin (Lyrica) is not medically necessary.