

Case Number:	CM14-0175785		
Date Assigned:	10/28/2014	Date of Injury:	07/07/2010
Decision Date:	12/05/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/23/2014

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:

The injured worker is a 55-year-old male with an original date of injury of July 7, 2010. The industrially related diagnoses include chronic low back pain, post-laminectomy syndrome, lumbar degenerative disc disease, left shoulder pain, left upper extremity pain, and a history of arthroscopic on May 30, 2014. The current pain medication regimen includes Norco, gabapentin, and Lyrica. The disputed issue is the request for Lyrica. A utilization review determination on October 1, 2014 had noncertified this request. The stated rationale was that there was no clear rationale for concomitant use of gabapentin and as "Lyrica is a metabolite of gabapentin." Furthermore, "medical necessity has not been proven."

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-21 IF of 127.

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. In the case of this injured worker, there is documentation of post-laminectomy syndrome, a pain condition in which neuropathic pain is a component. There is documentation in a progress note on 10/1/2014 that the patient had no benefit of bilateral lower extremity neuropathic pain with the addition of Lyrica and thus the plan was to discontinue this. Given this updated information, the currently requested pregabalin (Lyrica) is not medically necessary.