

Case Number:	CM14-0179717		
Date Assigned:	11/04/2014	Date of Injury:	05/08/2008
Decision Date:	12/09/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/29/2014

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 and Rehabilitation 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 patient sustained an injury on 5/8/08 from pulling a cart of dirty dishes while employed by [REDACTED]. Request(s) under consideration include Lyrica 100mg #90. Diagnoses include Pelvic/thigh joint pain; upper arm joint pain; sacroilitis/ sacrum disorder/ coccyx disorder; thoracic/ lumbosacral neuritis/radiculitis/ unspecified backache; RSD of lower limb. Report of 7/14/14 noted patient with chronic low back and buttock pain radiating to foot; had previous LESI for DDD of the lumbar spine with minimal relief in 2011. It was noted current medication listing Tylenol with codeine, Lyrica, Omeprazole not helping. Treatment noted chronic left hip pain unclear etiology with follow up after MRI. MRI of left hip dated 8/13/14 showed no fracture, contusion or AVN; normal muscles and tendons; very small labral tear without significant displacement; minimal to mild arthritis. Report of 9/24/14 from a provider noted the patient with continued left hip pain; MRI was reviewed; ongoing chronic low back pain radiating to toes with associated tingling; bursa injections did not provide relief. Exam showed midline tenderness on lower lumbar region and paraspinous areas of buttocks; positive SLR on left at 45 degrees; uses cane to ambulate. Diagnoses include left hip labral tear and low back pain with radicular symptoms. Treatment includes MRI, LESI, and hip intra-articular injection; and Tylenol #3 for pain. Medications list Metformin, Tylenol with codeine, Prilosec, Valium, Glyburide, Lovastatin, Aspirin, and Fluoxetine. The request(s) for Lyrica 100mg #90 was modified to #45 for weaning on 10/23/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica), Page(s): 100.

Decision rationale: Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This anti-epileptic medication may be helpful in the treatment of radiculopathy and would be indicated if there is documented significant benefit. It appears the medication has been prescribed for quite some time; however, there is no documented functional improvement as the patient continues with constant severe pain level and remains functionally unchanged for this May 2008 low back injury. Submitted medical report has not adequately demonstrated indication and functional benefit to continue ongoing treatment with this anti-epileptic. Lyrica 100mg #90 is not medically necessary and appropriate.