

Case Number:	CM14-0026178		
Date Assigned:	06/13/2014	Date of Injury:	10/01/1997
Decision Date:	07/16/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/28/2014

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 48 year-old patient sustained an injury on 10/1/1997 when she sat down and the chair broke while employed by [REDACTED]. Request(s) under consideration include LYRICA 300MG. Treatment has included lumbar surgeries, trigger point injections, transforaminal epidural injections; SI joint injections; spinal cord stimulator placement in 2002 with replacement in 2010; back brace; physical therapy; and medications. Report of 1/6/14 from the provider noted the patient with chronic low back pain with associated numbness/tingling in left foot. Medications list Lyrica, Celebrex, and Savella. Exam of low back showed tenderness to spinous process from L4 to S1; and T12 to L2; pain on range of motion; positive SLR; antalgic gait; well healed scars. Treatment includes medication refills with home exercise. Request(s) for LYRICA 300MG was partially-certified for weaning on 1/28/14 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 300MG: 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 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. The clinical exams submitted have no documented neurological deficits or identified any neuropathy. Submitted medical reports have not adequately demonstrated indication and functional benefit to continue ongoing treatment with this anti-epileptic. The request for Lyrica 300mg is not medically necessary and appropriate.