

Case Number:	CM14-0037584		
Date Assigned:	06/25/2014	Date of Injury:	02/24/2010
Decision Date:	09/24/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/28/2014

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:

The injured worker is a 62 year old male with a reported date of injury on 02/24/2010. The mechanism of injury was not documented in the records. The diagnoses included cervical and lumbar facet arthritis. The past treatments were pain medication, physical therapy, and surgery. There were not diagnostics submitted for review. The surgical history included right shoulder arthroscopic repair on 12/06/2013. On 02/12/2014, the subjective complaints were neck and low back pain that radiates down to extremities with tingling. The physical examination noted mild restrictions with cervical range of motion, myofascial spasm in the cervical region, and positive facet loading. The medications were Norco and Lyrica. The records indicate that he has been on Lyrica since at least 02/12/2014. The plan was to continue medications. The rationale was to relieve pain. The request for authorization form was dated 04/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #60 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 19-20.

Decision rationale: The request for Lyrica 75mg #60 with 5 refills is not medically necessary. The California MTUS guidelines state in regards to Lyrica, 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. The injured worker has chronic low back and right shoulder pain and has been on Lyrica at least since 02/12/2014. There is no documentation in regards to quantified pain relief, improvement of function, or side effects incurred with the use of Lyrica. Additionally the request as submitted did not provide a frequency. Since there was not adequate documentation of quantified pain relief, improvement of function, or side effects incurred with the use of Lyrica of the request is not medically necessary.