

Case Number:	CM14-0052109		
Date Assigned:	07/07/2014	Date of Injury:	10/11/2013
Decision Date:	08/29/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/21/2014

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 Family 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 26 year old male who reported an industrial injury to his back on 10/11/2013, over 10 months ago. The patient complained of mid and lower back pain radiating to the buttocks and into the BLEs. The patient received treatment that included physical therapy my: chiropractic care; and medications. The objective findings on examination included trigger points in the left lumbar paraspinal muscles; 4/5 strength left hip flexion and extension; decreased sensation to light touch left lateral leg; patellar reflexes 3+; Achilles tendon reflex 4+. The MRI lumbar spine dated 3/5/2014 documented evidence of "stable parents a lumbar spine from the prior study; to millimeter disc/osteophyte complex that the 11-12 which causes that most mild spinal stenosis; no evidence of new focal district to Jeanette, no impingement or acquired spinal/foraminal stenosis; no spinal stenosis secondary to short pedicles; no evidence of pathological enhancement following contrast administration. The diagnoses included lumbosacral spondylosis without myelopathy; L5 neuritis or radiculitis; chronic pain syndrome. The treatment plan included EMG/NCV of the bilateral lower extremities and Lyrica 75 mg bid. The patient reported Vicodin is an effective. Patient was prescribed Lyrica based on the "clear neuropathic components of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodiagnostic studies bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: There is no objective evidence of any changes in the neurological status of the patient to warrant electrodiagnostic studies. The patient was documented to have a normal neurological examination other than reported subjective lateral leg numbness. There was no objective finding on examination of a sensory loss over a dermatomal distribution. There is no evidence of a nerve impingement radiculopathy on the two MRIs of the lumbar spine. The neurological examination was documented as normal. The MRI the lumbar spine fails to demonstrate a nerve impingement radiculopathy. The patient continues to complain of back pain. There were no demonstrated neurological deficits along a dermatomal distribution to the BLEs that were reproduceable on examination the patient was not noted to have any changes in clinical status. The patient had some subjective complaints of radiculitis; however there were no documented objective findings on examination to support medical necessity. There is no demonstrated medical necessity for a BLE EMG/NCS for the pain management of this patient. The request for the authorization of the EMG/NCS of the bilateral lower extremities was not supported with any objective clinical findings that would demonstrate a change in the neurological status of the patient or demonstrate neurological deficits in the lower extremities. The patient was reported to have diffuse non-focal weakness to the LLE and sensory changes to the lateral LLE which were not specified. There is no documented nerve impingement radiculopathy. There are no documented neurological findings that would suggest a nerve entrapment neuropathy in the clinical documentation to the BLEs. The motor and sensory examination was documented to be normal. There are no equivocal MRI findings demonstrating a possible nerve entrapment radiculopathy. The MRI was not assessed as equivocal to support the medical necessity of the electrodiagnostic testing.

Lyrica 75mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chronic pain chapter revised 8/8/08 page 110 Official Disability Guidelines (ODG) Pain Chapter AEDs.

Decision rationale: The patient was prescribed Lyrica based on clear evidence of neuropathic pain; however there are no documented objective findings consistent with a lumbar spine nerve impingement radiculopathy. The patient has subjective findings that are non-focal. There is no evidence for the L5 radiculopathy other than speculation as the MRI demonstrates no nerve impingement to L5. The patient was not demonstrated to have been previously prescribed Gabapentin (Neurontin) and there is no documented neuropathic pain issue. The patient is not documented to have neuropathic pain. There is no documented nerve impingement

radiculopathy or neurological deficits along a dermatomal distribution. The patient has been treated for mechanical low back pain. The PTP has speculated that the subjective symptoms are consistent with neuropathic pain; however does not provide objective findings on examination to support the presence of neuropathic pain for the cited diagnoses. The diagnoses do not support the medical necessity for prescribed Lyrica. The treating physician has provided this medication for the daily management of this patient's chronic pain reported as neuropathic pain. The prescription of Lyrica is recommended for neuropathic pain; however the ACOEM Guidelines does not specifically recommend Lyrica for the treatment of chronic non-neuropathic pain. Gabapentin or pregabalin is not recommended for treatment of chronic, non-neuropathic pain by the ACOEM Guidelines. It is clear that there is no documentation of significant neuropathic pain for this patient. The ACOEM Guidelines revised chronic pain chapter states that there is insufficient evidence for the use of Gabapentin or Lyrica for the treatment of axial lower back pain; chronic lower back pain; or chronic lower back pain with radiculopathy. The CA MTUS and the Official Disability Guidelines state that there is insufficient evidence to support the use of Gabapentin or Lyrica for the treatment of chronic axial lower back pain. The use of Lyrica is for neuropathic pain; however evidence based guidelines do not recommend the prescription of Lyrica for chronic lower back pain with a subjective or objective radiculopathy and favors alternative treatment. There is no demonstrated medical necessity for the prescribed Lyrica for the treatment of the effects of the industrial injury.