

Case Number:	CM14-0053233		
Date Assigned:	07/09/2014	Date of Injury:	09/25/2006
Decision Date:	08/13/2014	UR Denial Date:	04/11/2014
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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 who reported an injury on 09/25/2006. The injured worker was evaluated on 05/05/2008. It was documented that the injured worker's Lyrica had been withdrawn and the injured worker's leg pain had dramatically increased. It was documented that the injured worker did have improved function and ability to walk and stand resulting in the use of Lyrica. The injured worker's medications included Lyrica 150 mg, hydrocodone/APAP 10/325 mg, Tizanidine 4 mg, venlafaxine extended release 75 mg, and Lunesta 2 mg. The injured worker's diagnoses included lumbar disc displacement without myelopathy. The injured worker's treatment plan included a refill of Lyrica 150 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Lyrica 150mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Anti-Epyliptics Page(s): 16, 60.

Decision rationale: The California Medical Treatment Utilization Schedule recommends Anticonvulsants as a first line medication in the management of chronic pain. However,

California Medical Treatment Utilization Schedule recommends the ongoing use of medications be supported by documented functional benefit and evidence of pain relief. The injured worker did have an increase in pain when the medication was discontinued and it was noted that previous use provided a tolerance to prolonged activities such as standing and walking. However, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested 1 prescription of Lyrica 150 mg #90 is not medically necessary or appropriate.