

Case Number:	CM14-0069061		
Date Assigned:	07/14/2014	Date of Injury:	06/20/2000
Decision Date:	09/18/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/14/2014

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 Nevada. 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 47 year-old female who was reportedly injured on 6/20/2000. The mechanism of injury is not listed. Most recent progress note dated 2/7/2014 indicates that there are ongoing complaints of chronic low back pain. The physical examination demonstrated: lumbar spine low back pain and bilateral lower extremity pain, right greater than left. Positive straight leg raise bilaterally 90 in the seated position. No tenderness to palpation. Patient stands and walks without difficulty, does complain of numbness in the distal extremities. No recent diagnostic studies are available for review. Previous treatment includes lumbar surgery, medications, epidural steroid injections and conservative treatment. A request was made for Lyrica 50mg #90 and was not certified in the pre-authorization process on 4/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg three (3) times a day (Quantity: 90 per month ongoing for at least six (6) months to a year): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 78-88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19,99.

Decision rationale: Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has Food and Drug Administration approval for both indications, and is considered first-line treatment for both. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. (Blommel, 2007) This medication also has an anti-anxiety effect. After review the medical records provided there is no documentation that the patient has a diagnosis of the conditions listed above. The claimant's current diagnoses are filled back syndrome status post lumbar laminectomy. Therefore this request is deemed not medically necessary.