

Case Number:	CM14-0073105		
Date Assigned:	06/30/2014	Date of Injury:	06/25/1997
Decision Date:	07/29/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	04/07/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 58-year-old male with a reported date of injury on June 25, 1997. The injury reportedly occurred when the injured worker was leaning over the fender of a van removing a cylinder. His previous treatments were noted to include medications, a cortisone injection, and physical therapy. His diagnoses were noted to include chronic back and right leg pain, bilateral carpal tunnel, sciatica, and acute narcotic withdrawal. The progress report dated January 2, 2014 noted his medications to include atorvastatin calcium 20 mg 1 daily, glimepiride 4 mg 1 tablet every morning, Actoplus XR 15 to 1000 mg 2 tablets in the evening, Victoza 18 mg/3 mL solution take daily, a Lantus at bedtime, Kadian 100 mg 1 twice a day, Cymbalta 60 mg 1 every day, Lyrica 200 mg 1 three times a day, Norco 10/325 mg 2 tablets 4 times a day, aspirin 81 mg 1 daily, and vitamin D 2000 units 2 tablets daily. The provider reported the injured worker had increased his Norco use 12 per day at least and was still waking up in pain. The injured worker complained of increased pain to the right leg to foot. The physical examination noted the injured worker was uncomfortable, shifting in his seat, and standing up for relief. His back was noted to be tender to the right lumbar and pain with flexion/extension. The request for authorization form was not submitted within the medical records. The request is for Lyrica capsules, 200 mg, 1 capsule, orally 3 times a day; however, the physician's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica Capsule, 200 mg., 1 capsule, orally three times a day (tid): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Preagabilin/ Lyrica/ AED Page(s): 78,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16,19..

Decision rationale: The injured worker has been taking this medication since at least December 2006. The California MTUS Guidelines recommend antiepilepsy drugs for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, and physical signs and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy. There are few randomized controlled trials directed at central pain and none for painful radiculopathy. The Guidelines state Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, and has FDA-approval for both indications and is considered first line treatment for both. Lyrica is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. There is a lack of documentation regarding the use of Lyrica for the injured worker. The MRI in 2007 showed a mild left anterolateral extradural impression upon the thecal sac and may be displacing the axilla at the left S1 nerve slightly dorsally; however, there was no other evidence of disc herniations or spinal canal stenosis. The Guidelines state the antiepilepsy drugs had few randomized controlled trials directed at central pain and none for painful radiculopathy, and therefore, due to a lack of clinical finding in regards to neurological pain, Lyrica is not warranted at this time. As such, the request is not medically necessary.