

Case Number:	CM14-0089233		
Date Assigned:	07/23/2014	Date of Injury:	12/10/2002
Decision Date:	09/26/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/13/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for major depressive disorder (MDD), insomnia, pain disorder, chronic knee pain, chronic low back pain, and chronic elbow pain reportedly associated with an industrial injury of December 10, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; and extensive periods of time off of work. In a Utilization Review Report dated May 28, 2014, the claims administrator apparently partially certified a request for Lyrica while denying a request for tramadol outright. The applicant's attorney subsequently appealed. On February 3, 2014, the applicant was placed off of work, on total temporary disability owing to mental health issues with depression, insomnia, and tearfulness. The applicant was given refills of Remeron and Restoril. In a medical-progress note of February 20, 2014, the applicant reported persistent complaints of low back pain radiating into left leg. The applicant was tramadol six times daily. Persistent pain was noted. Epidural steroid injection therapy, physical therapy, and a gym membership were sought. The applicant was asked to increase Lyrica to three times a day. Extended release tramadol was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica Cap 75mg Day Supply :30 Qty: 90 Refills 2: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 20, 99.

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, Pregabalin or Lyrica is a first-line treatment for neuropathic pain. In this case, the applicant does have ongoing issues with neuropathic (radicular) pain. On February 20, 2014, the attending provider proposed increasing the dosage of Lyrica on the grounds that an earlier prescription of the same had proven insufficient and inadequate at alleviating the applicant's ongoing radicular (neuropathic) pain complaints. This was indicated, particularly as page 20 of the MTUS Chronic Pain Medical Treatment Guidelines notes that Lyrica's maximum dosage ranges anywhere from 300 to 600 mg. Therefore, Lyrica Cap 75mg is medically necessary.