

Case Number:	CM14-0093525		
Date Assigned:	07/25/2014	Date of Injury:	06/24/1998
Decision Date:	10/30/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/19/2014

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 and 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 63-year-old female who reported an injury on 06/24/1998. The mechanism of injury was not submitted for clinical review. The diagnoses included chronic pain syndrome, knee pain, and pain self-management deficit. The previous treatments included medication. Within the clinical note dated 05/27/2014, it was reported the injured worker complained of knee pain. She described the pain as sharp and constant. Upon the physical examination, the provider noted the active range of motion of flexion was normal and extension was normal. The provider indicated the lumbar spine had tenderness of the paraspinal region at L4 and the iliolumbar region. The provider requested Lyrica. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg #90-refill 5: Upheld

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 Antiepilepsy Drugs (AEDs) Page(s): 16, 19.

Decision rationale: The request for Lyrica 150mg #90-refill 5 is not medically necessary. The California MTUS Guidelines recommend Lyrica for neuropathic pain due to nerve damage. The guidelines note Lyrica has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia and has FDA approval for both indications, and is considered a first line treatment for both. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is a lack of documentation indicating the injured worker is treated for postherpetic neuralgia or diabetic neuropathy. Therefore, the request is not medically necessary.