

Case Number:	CM14-0097452		
Date Assigned:	08/01/2014	Date of Injury:	04/23/1996
Decision Date:	09/09/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/25/2014

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 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 68-year-old female who reported an injury on 04/23/1996. The mechanism of injury was not specifically stated. The current diagnosis is lower extremity neuralgia. A Request for Authorization form was submitted on 05/14/2014 for fentanyl patch 75 mcg, fentanyl lozenges, and Lyrica 300 mg. However, there was no physician progress report submitted on the requesting date. The latest physician progress note submitted for this review is documented on 07/31/2013. The injured worker presented with complaints of bilateral lower extremity pain and low back pain. The injured worker was status post spinal cord stimulator implantation on 07/18/2013 with 60-70% improvement in symptoms. Physical examination revealed a normal gait, negative straight leg raising, intact range of motion of the lumbar spine, negative tenderness, and well healed incisions from the spinal cord stimulator implantation. Treatment recommendations at that time included a reprogramming of the spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 300mg BID: 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 Page(s): 16-22.

Decision rationale: California MTUS Guidelines state Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, and has been FDA approved for both conditions. As per the documentation submitted, there was no physician progress report submitted on the requesting date. Therefore, there is no indication that this injured worker currently utilizes this medication. The medical necessity has not been established. There is also no quantity listed in the request. As such, the request for Lyrica 300 mg BID is not medically necessary and appropriate.