

Case Number:	CM13-0045505		
Date Assigned:	12/27/2013	Date of Injury:	01/20/1999
Decision Date:	12/24/2015	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

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 51 year old female, who sustained an industrial injury on 1-20-1999. The injured worker is undergoing treatment for: neck and low back pain. On 5-15-13, she reported neck pain with occipital headaches and low back pain. On 10-9-13, she reported neck and low back pain with radiation into the bilateral upper and bilateral lower extremities. She also reported frequent migraines. Physical examination revealed tightness and tenderness in the trapezii and interscapular areas, tenderness in the left interscalene and levator scapula, decreased neck range of motion, tenderness in the lumbosacral to bilateral sacroiliac joints, decreased lumbar range of motion, positive bilateral straight leg raise testing, hypoesthesia and dysesthesia in bilateral hands, hypoesthesia in left leg and calf to the heel, full motor strength in all major muscles, antalgic gait. The treatment and diagnostic testing to date has included: CT scan of the cervical spine (5-31-13), MRI of the cervical spine (11-22-09), MRI of the lumbar spine (4-2-06), ice, heat, rest, home exercises, and medications, lumbar epidural injection (5-28-13). Medications have included: Lyrica, Zomig, Zofran, Percocet, Soma and Valium. Current work status: unclear. The request for authorization is for: Lyrica 75mg quantity 90, one by mouth three times daily as needed for pain of the cervical and lumbar spine as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75 # 90 (1 orally three times daily) as needed for pain of the cervical and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders, Goodman and Gillman's, The Pharmacological Basis of Therapeutics, 11th ed., McGraw Hill 2006 and ODG Workers Compensation Drug Formulary](https://www.acoempracguides.org/Low%20Back;Table%20Summary%20of%20Recommendations,Low%20Back%20Disorders,Goodman%20and%20Gillman's,The%20Pharmacological%20Basis%20of%20Therapeutics,11th%20ed.,McGraw%20Hill%202006%20and%20ODG%20Workers%20Compensation%20Drug%20Formulary) (www.odg.twc.com/odgtwc/formulary.htm).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica).

Decision rationale: According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnosis. The claimant had been on Lyrica along with other analgesics for several months. There is no indication for continued use and the Lyrica is not medically necessary.