

Case Number:	CM14-0187816		
Date Assigned:	11/18/2014	Date of Injury:	12/19/2007
Decision Date:	01/08/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/11/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 49-year-old woman who sustained a work-related injury on December 19, 2007. Subsequently, she developed chronic neck and low back pain. According to report dated October 7, 2014, the patient continued to have numbness and tingling in her bilateral hands as well as her hips. She had numbness and tingling in her legs as well as burning in her feet. EMG/NCV tests were denied as well as MRI's. Cervical spine examination revealed spasm in the paraspinal muscles. There was tenderness to palpation of the paraspinal muscles. Sensation was reduced in both hands. Range of motion was restricted by pain. Inspection of the lumbar spine revealed spasm in the paraspinal muscle. There was tenderness to palpation of the paraspinal muscles. Sensation was reduced in both feet. Range of motion was restricted. Sitting straight leg raise was positive bilaterally. The patient was diagnosed with cervical radiculopathy and lumbar radiculopathy. The provider requested authorization for Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica, Anti-epilepsy Drugs.

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

Decision rationale: According to MTUS guidelines, <<Lyrica is an anti-epilepsy drug (AEDs - also referred to as anti-convulsant), which has been shown to be effective for treatment of diabetic; painful neuropathy and post-therapeutic neuralgia; and has been considered as a first-line treatment for neuropathic pain>>. There is no clear documentation of neuropathic pain in this patient that required and responded to previous use of Lyrica. In addition, there is no clear proven efficacy of Lyrica for back pain. Therefore, Lyrica 150mg, #90 is not medically necessary.