

Case Number:	CM14-0189481		
Date Assigned:	11/20/2014	Date of Injury:	02/28/1999
Decision Date:	01/08/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/13/2014

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:

This case is a 58 year old male with a date of injury on 2/28/1999. A Review of the medical records indicates that the patient has been undergoing treatment for low back pain and lumbar disc disorder. Subjective complaints (6/25/2014) include 7/10 low back pain, (7/7/2014, 7/31/2014) include 8/10 low back pain, (9/29/2014), low back pain rated 9/10, (10/13/2014) include low back pain with radiation to bilateral lower extremities, rated 7/10, (11/3/2014) include low back pain, rated 3/10 attributed to bilateral steroid injection. Objective findings (8/28/2014, 9/29/2014, 10/13/2014, and 11/3/2014) include tenderness noted in right/left lumbar of L4-S1, restricted range of motion, and forward stooped gait. Treatment has included lumbar spine fusion (1996), epidural steroid injection, Lyrica, and Nucynta. A utilization review dated 10/25/2014 non-certified a request for Lyrica 150 mg # 112 due to lack of objective improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

one prescription of Lyrica 150 mg # 112: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Pregabalin (Lyrica) Page(s): 16-17, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-epilepsy drugs (AEDs) for pain.

Decision rationale: MTUS and ODG state that "Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. See Anti-epilepsy drugs (AEDs) for general guidelines, as well as specific Pregabalin listing for more information and references." MTUS additionally comments "Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsant. Recommended for neuropathic pain (pain due to nerve damage) . . . A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use." The patient appears to have established neuropathic pain for which Lyrica is an appropriate medication. The medical records provided do not detail any objective improvement over the last several months. Pain rating ranged from 7-9/10 with one medical note reflecting 3/10 pain rating which was attributed to the steroid injection. Overall, pain improvement has not been documented. Given the lack of subjective and objective improvement, a request for #112 of Lyrica is not appropriate. As such, the request for one prescription of Lyrica 150 mg # 112 is not medically necessary.