

Case Number:	CM14-0191255		
Date Assigned:	11/25/2014	Date of Injury:	09/24/2009
Decision Date:	01/09/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/17/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 57 year old male with an injury date on 9/24/09. Patient complains of continued low lumbar pain rated 6/10, with pain radiating to right buttock/leg/foot worsened by extension and prolonged sitting per 10/31/14 report. Patient began to complain of increasing pain and numbness in right lateral leg during physical therapy on 9/29/14, and treater increased gabapentin to 300mg 4/3/3 for neuropathy, and refilled Norco and Flexeril. Patient had two epidural steroid injection with good relief per 6/17/14 report. Based on the 10/30/14 progress report provided by the treating physician, the diagnosis is degenerative disc disease, lumbar. A physical exam on 10/30/14 showed "range of motion of L-spine is reduced with extension at 10 degrees." The patient's treatment history includes physical therapy, epidural steroid injection, and medications (opioid, muscle relaxant), left knee replacement surgery from May 2013. The treating physician is requesting Lyrica 75mg #70. The utilization review determination being challenged is dated 11/7/14. The requesting physician provided treatment reports from 4/24/14 to 9/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75 mg # 70: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antiepilepsy drugs (AEDs) SPECIFIC ANTI-EPILEPSY DRUGS: Pregabalin (Lyrica) Page(s):
16-20.

Decision rationale: This patient presents with lower back pain, right leg pain, right lower extremity pain. The treater has asked for LYRICA 75MG #70 on 10/31/14. Regarding anti-epilepsy drugs, MTUS recommends for neuropathic pain. There are few RCTs directed at central pain and none for painful radiculopathy. The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. Regarding Pregabalin (Lyrica, no generic available) MTUS states it is 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 is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia. In this case, the patient presents with ongoing chronic back pain, as well as lower extremity radicular symptoms. The patient does not have a history of taking Lyrica. Given the support for the use of Lyrica for chronic pain and neuropathic pain, trial of Lyrica would appear reasonable. The request is medically necessary.