

Case Number:	CM14-0196652		
Date Assigned:	12/04/2014	Date of Injury:	07/03/2011
Decision Date:	01/21/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/24/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 3, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; and earlier lumbar fusion surgery. In a utilization review report dated October 20, 2014, the claims administrator failed to approve a request for Lyrica. Both MTUS and non-MTUS Guidelines were invoked. The claims administrator stated that his decision was based on an RFA form received on October 21, 2014. In a supplemental report dated November 13, 2014, the attending provider noted that the applicant was employing Norco, tramadol, and Lyrica. It was stated that the Lyrica was being employed for arm and leg pain purposes. The attending provider stated that he was hoping that tramadol extended release could eventually be substituted for Lyrica. The applicant's work and functional status were not outlined. Many of the medications at issues were sought via RFA forms of October 21, 2014, and November 13, 2014. In an October 21, 2014 progress note, the applicant was given refills of Norco, tramadol, and Lyrica owing to ongoing complaints of low back pain. In a narrative report of the same date, October 21, 2014, the applicant reported ongoing complaints of low back pain status post recent SI joint blocks. The applicant had undergone lumbar fusion surgery in August 2012. The applicant had received multiple SI joint injections. The applicant was not working, it was acknowledged. Persistent complaints of leg pain were reported. There was no explicit discussion of medication efficacy incorporated into this particular report. On September 22, 2014, the applicant reported persistent complaints of low back and leg pain. The attending provider stated that the applicant's SI joint blocks were helpful. Cervical MRI imaging was sought on an urgent basis. Medication selection and/or medication efficacy were not discussed. On July 3, 2014, multiple medications were refilled, again without

any explicit discussion of medication efficacy. On March 24, 2014, the applicant received refills of Norco and Lyrica, again without any explicit discussion of medication efficacy. The applicant last worked in July 2011, it was acknowledged, and was not currently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica (pregabalin) 100mg capsules 2 times a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Topic, Functional Restoration Approach to Chronic Pain Management Section, 3.MTUS 97.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is a first-line treatment for neuropathic pain as was/is present here, this recommendation is qualified by a commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has not incorporated any explicit discussion of medication efficacy into several progress notes, referenced above. It has not been clearly outlined how ongoing usage of Lyrica has or has not attenuated the applicant's radicular pain complaints/neuropathic pain complaints. Ongoing usage of Lyrica has failed to curtail the applicant's dependence on opioid agents such as Norco and tramadol. The applicant remains off of work. The attending provider has not outlined any material improvements in function achieved as a result of ongoing Lyrica usage. Ongoing Lyrica usage has failed to effect the applicant's return to work. All of the foregoing, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of Lyrica. Therefore, the request was not medically necessary.