

Case Number:	CM14-0197119		
Date Assigned:	12/05/2014	Date of Injury:	03/06/2014
Decision Date:	01/23/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/25/2014

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:

Injured worker (IW) sustained an industrial injury to the thoracic spine/right periscapular area on 03/06/14, when an object struck her from behind. 05/29/14 physical therapy note documented normal muscle strength on detailed testing of the upper and lower extremities. Thoracic and lumbar MRIs were interpreted as negative. 06/25/14 office note documented history of a recent emergency department visit due to severe pain, as well as inability to cook, do laundry, or take care of household activities due to pain, despite ongoing use of Lyrica and meloxicam. 08/06/14 office note documented normal neurological exam with 5/5 strength in all lower extremity muscle groups tested. 09/24/14, 10/20/14, and 11/19/14 office note documented complaints of pain in the thoracic spine and low back, and psychophysiological disorder. She also reported pain in the right shoulder and occasional radiation of pain to the neck and right upper extremity with overuse. Pain levels ranged from 2/10 to 10/10. IW reported bilateral lower extremity weakness and mid back spasms. She denied numbness or tingling. She reported that medications including Lyrica and meloxicam provided >50% relief of pain symptoms. She was also receiving other medications, including opioid pain medication, from other providers. She was noted to struggle with simple tasks such as doing laundry. She used a cane to ambulate while outside of her home, and reported frequent falls while at home. She had been diagnosed with complex chronic pain syndrome as well as lumbar and thoracic spondylosis. On exam, gait was slow and guarded. There was no extensor hallucis longus weakness. No other muscle strength testing was documented. Sensation and deep tendon reflexes were normal. Multiple trigger points were noted. Provider stated that Lyrica was for treatment of neuropathic pain, and stated that medications allowed IW to effectively manage pain and maintain current levels of function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75 mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19 - 20, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-20.

Decision rationale: MTUS recommends Anti-epilepsy medications for treatment of neuropathic pain, fibromyalgia, and CRPS, and as an option for postoperative pain. MTUS also notes an FDA indication of Lyric for treatment of generalized anxiety disorder and social anxiety disorder. MTUS does not recommend Anti-epilepsy agents for treatment of osteoarthritis or myofascial pain. There is no documented objective evidence in this case of neuropathic pain or any other condition for which MTUS would recommend use of Lyrica. Although treating physician states IW receives 50% relief from medications, this assessment also included use of the non-steroidal anti-inflammatory drug (NSAID) meloxicam, without information concerning individual contribution of Lyrica to this effect. Office notes document continued severe pain and significant functional limitations despite use of Lyrica. The request is not medically necessary.

Refill of Lyrica 75 mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19 - 20, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-20.

Decision rationale: MTUS recommends Anti-epilepsy medications for treatment of neuropathic pain, fibromyalgia, and CRPS, and as an option for postoperative pain. MTUS also notes an FDA indication of Lyric for treatment of generalized anxiety disorder and social anxiety disorder. MTUS does not recommend Anti-epilepsy agents for treatment of osteoarthritis or myofascial pain. There is no documented objective evidence in this case of neuropathic pain or any other condition for which MTUS would recommend use of Lyrica. Although treating physician states IW receives 50% relief from medications, this assessment also included use of the non-steroidal anti-inflammatory drug (NSAID) meloxicam, without information concerning individual contribution of Lyrica to this effect. Office notes document continued severe pain and significant functional limitations despite use of Lyrica. The request is not medically necessary.