MAXIMUS Federal Services

Case Number:	CM14-0201535		
Date Assigned:	12/11/2014	Date of Injury:	03/02/2011
Decision Date:	02/03/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 62 year old male with a work injury dated 3/2/11. The diagnoses include. Under consideration is a request for Lyrica 50mg #30. There is a 9/15/14 progress note that states that the patient has a chief complaint of low back pain and right shoulder pain. The patient reported pain of 4-7/lO which he described as constant and intermittent and increased by sitting and walking and decreased by medication and rest. On exam the lumbar paraspinous region was tender. There was a negative drop arm test and a negative apprehension test. There was weakness of bilateral extensor hallucis longus; The left greater trochanter was tender. The gait was antalgic. The treatment plan included exercise, Lyrica 50mg, Norco 10/325mg, Percocet 5/325mg, Provigil 200mg, Celebrex 200mg, Ambien 1Omg, Amrix 15mg, physical therapy to help strengthen core muscle groups, and right subacromial bursa injection to help with shoulder pain. The patient was given trochanteric bursa injection which may help with his left hip pain. There was a request for Lyrica 50mg #30; Norco 1O/325mg #30; Percocet 5/325mg #10; Provigil 200mg #30; Celebrex 200mg #30; Ambien 10mg #60; Amrix 15mg #60; physical therapy for the lumbar spine, right shoulder, pelvic region/thigh; and right subacromial bursa injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: Lyrica 50mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that antiepileptics such as Lyrica can be used for neuropathic pain (pain due to nerve damage.) 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 recent documentation does not indicate physical exam findings of neuropathic pain. There is no evidence of significant functional improvement on Lyrica. The request for Lyrica is not medically necessary.