

Case Number:	CM14-0202619		
Date Assigned:	12/15/2014	Date of Injury:	08/09/2004
Decision Date:	01/31/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/03/2014

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 Internal Medicine, and is licensed to practice in New York. 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 is a 60 year old male who suffered an industrial related injury on 8/9/04. A physician's report dated 6/4/14 noted the injured worker had complaints of intermittent to frequent flare-ups of pain in his lower back with pain and numbness/tingling radiating into his right lower extremity and right foot. The injured worker also had complaints of persistent flare-ups of pain in the neck region. The injured worker was taking Skelaxin, Tramadol, Norco, Lorazepam, and Lyrica. Diagnoses included bilateral carpal tunnel syndrome and status post lumbar and cervical spine fusion. The treating physician's report dated 11/6/14 noted the injured worker had complaints of ongoing neck and lower back pain. The physical examination revealed tenderness over the posterior cervical paraspinal and upper trapezius musculature where muscle spasms and trigger points were also noted. Cervical spine range of motion was decreased. Tenderness was also noted over the lumbosacral spine. The physician recommended continued Lyrica 75mg #60 with 3 refills. On 11/25/14 the utilization review (UR) physician denied the request for Lyrica 75mg #60 with 3 refills. The UR physician noted the Medical Treatment Utilization Schedule guidelines state Lyrica as being necessary only in cases of diabetic neuropathy and /or post herpetic neuralgia. Neither of those diagnoses was present in the provided medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #60 with three refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2004. Per the guidelines, Pregabalin or 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. This injured worker has a diagnosis of 'status post lumbar fusion and status post cervical fusion and right/left carpal tunnel syndrome and not a diagnosis of diabetic neuropathy or postherpetic neuralgia. The medical records fail to document any improvement in pain, functional status or a discussion of side effects specifically related to Lyrica to justify use. The medical necessity of Lyrica is not substantiated in the records.