

Case Number:	CM14-0202643		
Date Assigned:	12/15/2014	Date of Injury:	07/27/2011
Decision Date:	02/05/2015	UR Denial Date:	11/21/2014
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 Family Practice and is licensed to practice in Colorado. 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:

28 year old male with date of injury 7/27/2011 continues follow up with the treating physician. Patient has upper back and right-sided neck pain with radiation of pain to right upper extremity. Patient also has diagnoses of neurovascular thoracic outlet syndrome and right cubital tunnel neuritis. He has ongoing pain and disability from spinal cord compromise, and C5-C6 surgery planned. Patient has failed conservative therapies including Physical Therapy and medications (including Lyrica), and achieved some temporary relief with epidural steroid injections. The treating physician requests refill on Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments. Page(s): 16-17 and 19-20.

Decision rationale: Per the guidelines, no randomized controlled trials exist to recommend Lyrica, or other anti-epileptic drugs, for treatment of radiculopathy. When Lyrica is used for pain relief, "good" response can be defined as a 50% reduction in pain and a "moderate" response as a

30% reduction in pain. If patient does not achieve at least 30% improvement in pain, then changes should be considered: Switch to different first line agent or use Lyrica in combination with other agents. If therapy with Lyrica is initiated, the pain level, functional improvement or lack thereof, and side effects should be followed and documented. Lyrica is FDA-approved for diabetic neuropathy and post-herpetic neuralgia. and is first-line treatment for both. Lyrica is also the first FDA-approved treatment for fibromyalgia. (ICSI,2007) (Tassone, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Crofford, 2005) (Stacey, 2008). For the patient of concern, the physician notes clearly indicate that Lyrica is being used to treat radiculopathy. Also, the 10/6/2014 and 10/16/2014 office notes indicate conflicting dosing information for Lyrica, and indicate patient is not achieving enough relief with Lyrica. The notes do not specify how much relief patient has achieved, so there is no documentation of good or moderate response to Lyrica. As Lyrica has no indication for or evidence to support its use in radiculopathy, and no evidence that it has significantly improved pain or function for this patient, Lyrica is not medically indicated.