

Case Number:	CM14-0203941		
Date Assigned:	12/16/2014	Date of Injury:	05/05/2004
Decision Date:	02/10/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/05/2014

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 May 5, 2014. In a Utilization Review Report dated November 20, 2014, the claims administrator failed to approve a request for Lyrica, stating that the applicant did not have clear evidence of neuropathic pain for which Lyrica would have been indicated. The claims administrator alluded to a progress notes dated March 26, 2014, July 8, 2014, and November 12, 2014, in its determination. The applicant's attorney subsequently appealed. In a July 8, 2014 progress note, the applicant reported persistent complaints of low back pain referable to the sacroiliac joint. Sacroiliac joint injections were seemingly sought. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. Also unguided sacroiliac joint injection was apparently performed on same date, July 8, 2014. On November 18, 2012, the applicant had apparently undergone multilevel decompressive lumbar laminectomy and fusion to ameliorate diagnosis of lumbar spinal stenosis, spinal instability, and retained segments of spinal fusion and possible pseudoarthrosis of the spine. A handwritten progress note dated November 12, 2014, is difficult to follow, not entirely legible. The applicant reported persistent complaints of waxing and waning low back pain, 8 to 9/10. The applicant was asked to continue Norco, Flexeril, Naprosyn, Lyrica, and tizanidine. The applicant had retired, it was stated. On March 22, 2014, the applicant reported 5 to 9/10 low back pain following earlier laminectomy surgery. The applicant was asked to continue Norco, Naprosyn, Prilosec, Lyrica, and tizanidine. The note was extremely difficult to follow and, like several other progress notes, contained no discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica (Pregabalin) 100mg capsules #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic Drugs-Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Mechanisms, Functional Restoration Approach to Chronic Pain Management, Pregabalin. Page(s).

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is considered a first line treatment for neuropathic pain, in particular that associated with diabetic neuropathy and/or postherpetic neuralgia, the documentation on file, including the multiple handwritten progress notes, referenced above, contained no references to or discussion of issues with neuropathic pain, which, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines characterized by symptoms such as lancinating, shock like, burning, numbing, and/or tingling sensations, which was distinct from nociceptive pain. Here, however, the multiple handwritten progress notes interspersed throughout 2014, referenced above, suggested that the applicant's residual pain complaints were axial or mechanical in nature as opposed to radicular in nature. It did not appear that the applicant had residual neuropathic pain complaints for which ongoing use of Lyrica would be indicated. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of medication efficacy into its choice of recommendations. Here, the applicant was/is off of work, at age 55, despite ongoing usage of Lyrica. Ongoing usage of Lyrica, furthermore, failed to curtail the applicant's dependence on other agents such as Norco, Flexeril, Tizanidine, Naprosyn, etc. The attending provider's handwritten progress notes contained no references to (or if) ongoing use of Lyrica had or had not proven effective. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lyrica. Therefore, the request is not medically necessary.