

Case Number:	CM14-0204328		
Date Assigned:	12/16/2014	Date of Injury:	07/06/2012
Decision Date:	02/05/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/07/2014

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 North Carolina. 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 claimant has a date of injury of 7/6/2012 from cumulative trauma to low back. Prior treatments have included lumbar laminectomy, physical therapy, HEP and medication. HE has returned to work with some restrictions. The record documents use of gabapentin 300 mg up to 9 tabs a day. Improvement in pain is achieved with the medication, but some pain does persist and mental foginess is described with gabapentin. The provider added Lyrica 75 mg bid to the current gabapentin with a cited rationale of attempting to get better pain control without additional side effects as would be expected with further increase of the gabapentin. The request is for Lyrica 75 mg bid with 3 refills. The original UR decision modified this request, certifying one month with no refills to assess response to the medication change.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg twice a day #60, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti depressants for chronic pain Page(s): 14-15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 16-20.

Decision rationale: CA MTUS states that there is "insufficient evidence to argue for or against use of antiepileptic drugs in low back pain." Antiepileptic drugs are used first line for neuropathic pain. 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 medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. There is no clear trial period but a week is considered to be a reasonable time to assess efficacy. In this case, there is documentation of any prior trial of Lyrica. A trial of Lyrica is medically reasonable but Lyrica 75 mg bid with 3 refills is not medically indicated until such a trial has taken place. The request is not medically necessary.