

Case Number:	CM14-0207069		
Date Assigned:	12/19/2014	Date of Injury:	02/12/2002
Decision Date:	02/13/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/10/2014

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 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:

This is a 71 year old male patient who sustained a work related injury on 2/12/2002. Patient sustained the injury due to slip and fall incident. The current diagnoses include post laminectomy syndrome of the cervical and lumbar region, cervicgia and lumbar radiculopathy. Per the doctor's note dated 12/5/14, patient has complaints of pain in bilateral arms, bilateral legs, neck, left buttock, thoracic spine, bilateral hands, right knee, abdomen, bilateral low back, bilateral ankles/feet at 6-7/10. Physical examination of the revealed positive SLR on right, he was anxious and frustrated, difficulty in sleeping, uses cane for ambulation. The current medication lists include Lyrica, Norco, Baclofen, Clonazepam, Amitiza, Omeprazole and Miralax. The patient has had MRI of the lumbar spine that revealed post surgical changes and foraminal stenosis. The patient's surgical history include 18 surgeries in cervical and lumbar region and shoulder; lumbar spine double laminectomy and fusion T11-L 1, and decompression L 1-S1 on 12/4/13; cervical spine surgery on 10/23/14. He had received ESIs for this injury. The patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pregabalin (Lyrica) 25 mg #540 with 3 refills: Overturned

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): 16,19.

Decision rationale: Lyrica is an antiepilepsy medication. According to MTUS chronic pain guidelines, regarding antiepileptics, "Recommended for neuropathic pain (pain due to nerve damage)". Regarding Lyrica/ pregabalin, "Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia." The current diagnoses include post laminectomy syndrome of the cervical and lumbar region, cervicalgia and lumbar radiculopathy. Per the doctor's note dated 12/5/14, patient has complaints of pain in bilateral arms, bilateral legs, neck, left buttock, thoracic spine, bilateral hands, right knee, abdomen, bilateral low back, bilateral ankles/feet at 6-7/10 and physical examination of the revealed positive SLR on right, he was anxious and frustrated, difficulty in sleeping, uses cane for ambulation. The patient has had MRI of the lumbar spine that revealed postsurgical changes and foraminal stenosis. The patient's surgical history include 18 surgeries in cervical and lumbar region and shoulder; lumbar spine double laminectomy and fusion T11-L1, and decompression L1-S1 on 12/4/13; cervical spine surgery on 10/23/14. He had received ESIs for this injury. The patient therefore has chronic myofascial pain along with neurological involvement. It is deemed that Pregabalin (Lyrica) 25 mg #540 with 3 refills is medically appropriate and necessary.