

Case Number:	CM14-0207670		
Date Assigned:	12/19/2014	Date of Injury:	04/16/2012
Decision Date:	02/11/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/11/2014

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 Emergency 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:

Patient with reported date of injury on 4/16/2012. Mechanism of injury is from lifting a patient and injuring back. Patient has a diagnosis of thorocolumbar radiculitis, lumbar sprain and sciatica. Patient is post lumbar fusion L4-S1 on 8/4/2003 and another surgery on 6/7/13. Medical reports reviewed. Last report available until 12/16/14. Patient has complaints of back pains and is depressed. Needs to walk with a cane. Objective exam reveals mild distress. Tender from L2-L5. Well healed midline incision. Flexion and range of motion is limited and painful. Straight leg raise positive on R side. Neurological exam is normal otherwise. Walks with a limp using a cane. Lyrica was prescribed on 8/1/14 for neuropathic pain. CT of lumbar spine(3/31/14) revealed mild lateral convex and mild malalignment at T12-L1 with spondylolisthesis of L5 on S1. Posterior decompression at L5 with posterior stabilization from L4-S1 with S1 screws. Multilevel degenerative disc disease and facet DJD. Hypertrophic facet disease with mild spinal cord stenosis and moderate R lateral recess narrowing. No appropriate medication list was provided in recent progress notes. Last medication list documented is from 3/26/14 which had Norco, Amlodipine, Cymbalta, Lyrica, Singular, Symbicort, Ventolin and Wellbutrin. Patient has undergone multiple epidural steroid injection and physical therapy. Independent Medical Review is for Lyrica 150mg #90 with 3refills. Prior Utilization Review on 11/25/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg #90 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs(AEDs) Page(s): 16-20.

Decision rationale: As per MTUS Chronic pain guidelines, Antiepilepsy drugs(AEDs) may be useful in neuropathic pain but data is limited. Lyrica is FDA approved for diabetic neuropathy and postherpetic neuralgia only. It is sometimes used for low back pain and radicular pain but there is no good studies to support its use in cervical spinal stenosis and radicular pains. Pt has been on this medication chronically and shows no objective improvement in pain or function. The number of refills is excessive and inappropriate. Lyrica is not medically necessary.