

Case Number:	CM14-0021100		
Date Assigned:	05/07/2014	Date of Injury:	01/20/1999
Decision Date:	11/19/2015	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/20/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 49 year old female who sustained an industrial injury on 01-20-1999. A review of the medical records indicated that the injured worker is undergoing treatment for chronic pain syndrome, cervical degenerative disc disease, cervical facet osteoarthritis, cervicgia, lumbar degenerative disc disease, lumbar arthropathy, lumbar radiculopathy, post-lumbar laminectomy syndrome, degenerative joint disease of the bilateral knees and migraines. The injured worker is status post cervical C5-6 fusion and lumbar laminectomy (no dates documented). According to the treating physician's progress report on 01-09-2014, the injured worker continues to experience left sided neck pain radiating to the bilateral upper extremities and low back pain radiating to the bilateral lower extremities and frequent migraines. Examination of the cervical spine demonstrated moderate tightness and tenderness to palpation over the bilateral trapezii and interscapular area and moderate to severe tenderness over the left interscalene and left levator scapula. There was 75% restriction of cervical motion in all planes. The lumbar spine examination demonstrated tenderness to palpation across the lumbosacral area to the bilateral sacroiliac (SI) joints. There was 50% restriction of forward flexion, 75% restriction in extension and 50% decrease in lumbar side-side flexion. Straight leg raise was positive bilaterally. There was mild diffuse hypoesthesia and dysesthesia in the bilateral hands on the dorsal surface and hypoesthesia in the left posterior leg and calf to the left heel. Motor strength was grossly intact in all major muscle groups. Deep tendon reflexes were bilaterally symmetrical and 1+ in the upper and lower extremities. Gait was somewhat antalgic. Prior treatments have included diagnostic testing, surgery, physical therapy, home exercise and

stretching and medications. Current medications were listed as Dilaudid 2mg twice a day, Percocet 5-325mg three times a day, Zofran, Zomig, Soma and Valium. Treatment plan consists of ice, heat, rest, exercise, stretching, ergonomic positioning and the current request for Lyrica 75 mg #90 for cervical spine, lumbar spine and bilateral knee chronic pain. On 02-03-2014, the Utilization Review determined the request for Lyrica 75 mg #90 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75 mg #90 for cervical spine, lumbar spine and bilateral knee chronic pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Cervical & Thoracic Spine](https://www.acoempracguides.org/Cervical%20&%20Thoracic%20Spine); Table 2, Summary of Recommendations, Cervical & Thoracic Spine Disorders and ACOEM - [https://www.acoempracguides.org/Low Back](https://www.acoempracguides.org/Low%20Back); Table 2, Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: Per the CA MTUS Chronic Pain Treatment Guidelines page 19, Specific Anti-Epilepsy Drugs, Pregabalin is indicated for diabetic painful neuropathy and postherpetic neuralgia and is considered first line treatment for neuropathic pain. In this case, the exam note from 1/9/14 does not demonstrate evidence neuropathic pain or demonstrate percentage of relief, the duration of relief, increase in function or increased activity. Therefore, the request is not medically necessary and has not been established, and determination is for non-certification.