

Case Number:	CM14-0064074		
Date Assigned:	07/11/2014	Date of Injury:	02/29/2000
Decision Date:	01/23/2015	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/06/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 52 year old male with an injury date of 02/29/00. Based on the 03/04/14 progress report, the patient complains of constant back and neck pain. He feels dizzy and has nausea when he turns his head. He also has pain down his right arm and right leg. The patient has tingling in the right hand as well. He cannot turn his neck full or extend his head. There is tenderness to palpation over the lumbar paraspinal muscles and cervical paraspinal muscles. He has decreased sensation to pinwheel over the right hand. Sitting straight leg raise causes increased back pain and right leg pain. The patient is currently taking Vicodin, Lyrica, Skelaxin, Omeprazole, and Ranitidine. His diagnoses include the following: Chronic cervical and lumbar pain with referred pain to the right arm and right leg, Status post shoulder surgery (date not provided), Migraine headaches, Osteoarthritis. The utilization review determination being challenged is dated 04/10/14. There were two treatment reports provided from 03/04/14 and 10/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 medication review for Lyrica 75mg #60, as an outpatient for neck pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006, Physician's Desk Reference, 68th edition, Official Disability Guidelines, Workers Compensation Drug Formulary,

Epocrates Online, Monthly Prescribing Reference, AMDD Agency Medical Directors' Group Dose Calculator

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines gabapentin; Medication for chronic pain Page(s): 19; 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Pregabalin

Decision rationale: The 03/04/14 report indicates that the patient has back pain, neck pain, dizziness, nausea, pain down his right arm and right leg, and tingling in his right hand. The request is for 1 Medication Review for Lyrica 75 Mg #60, As an Outpatient for Neck Pain. There is no indication of when the patient began taking Lyrica; it was first mentioned on the 03/04/14 report. MTUS Guidelines page 18- 19 has the following regarding Gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered the first-line treatment for neuropathic pain." ODG, Pain Chapter, Pregabalin, state that this medication is "Recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain." In this case, the patient has back pain, neck pain, pain down his right arm and right leg, and tingling in his right hand. The reason for the request was not provide nor was there any discussion provided regarding how Lyrica has impacted the patient's pain and function. MTUS page 60 states that pain and function must be recorded when medications are used for chronic pain. Therefore, the requested Lyrica is not medically necessary.