

Case Number:	CM14-0077023		
Date Assigned:	12/19/2014	Date of Injury:	06/02/2000
Decision Date:	01/16/2015	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/27/2014

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 Internal Medicine, has a subspecialty in Hospital Palliative Medicine and is licensed to practice in Pennsylvania. 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 injured worker is a 59-year-old woman with a date of injury of 06/02/2000. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 01/22/2014 and 03/14/2014 indicated the worker was experiencing improving lower back pain that went into the legs and left foot weakness causing problems walking. Documented examinations consistently described tenderness in the upper and lower back muscles, decreased motion in the lower back joints, positive testing involving a straightened right leg, left foot and leg weakness lumbar back muscle spasm, decreased reflexes in the left leg, decreased sensation following the paths of the left L3 through S1 spinal nerves and the C3 through C6 spinal nerves on both sides, and shrunken left leg muscles. The submitted and reviewed documentation concluded the worker was suffering from chronic pain with myalgias and myositis, enthesopathy of the hip, sciatica, leg osteoarthritis, forearm pain, upper back degenerative and bulging disks, pain in the pelvis and thigh, complex regional pain syndrome and idiopathic neuropathy, lumbosacral spondylosis, radiculitis involving the mid- and lower back, lower leg traumatic arthropathy, and lower back pain. Treatment recommendations included oral pain medications, medication to protect the gut, physical therapy and aqua therapy, continued home exercise program, additional home health services, urinary drug screen testing, and repeat injected medication near the spine nerves. A Utilization Review decision was rendered on 04/30/2014 recommending non-certification for 360 tablets of Lyrica (pregabalin) 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica, no generic available) Page(s): 19 -20 and 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-22.

Decision rationale: Lyrica (pregabalin) is a medication in the antiepilepsy class. The MTUS Guidelines and FDA support its use in treating diabetic neuropathy, postherpetic neuralgia, fibromyalgia, and partial seizures. It can have euphoric and anti-anxiety side effects. When this medication is no longer providing benefit, the Guidelines support weaning over one week to avoid withdrawal effects. The submitted and reviewed documentation concluded the worker was suffering from chronic pain with myalgias and myositis, enthesopathy of the hip, sciatica, leg osteoarthritis, forearm pain, upper back degenerative and bulging disks, pain in the pelvis and thigh, complex regional pain syndrome and idiopathic neuropathy, lumbosacral spondylosis, radiculitis involving the mid- and lower back, lower leg traumatic arthropathy, and lower back pain. There was no discussion detailing extenuating circumstances supporting the use of this medication in this setting. In the absence of such evidence, the current request for 360 tablets of Lyrica (pregabalin) 50mg is not medically necessary.