

Case Number:	CM15-0000058		
Date Assigned:	01/09/2015	Date of Injury:	05/15/1992
Decision Date:	03/09/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/31/2014

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 73 year old male, who sustained an industrial injury on 05/15/1992. He has reported subsequent low back pain and was diagnosed with chronic mechanical back pain and backache not otherwise specified. Treatment to date has included oral and topical pain medication and an unspecified surgical procedure. There was no discussion of any other treatments that had been received and the medical documentation submitted was minimal. Currently the IW complains of continued lower back pain with some right calf tenderness. The most recent physical examination on 12/8/14 findings were notable for modest lumbar tenderness and positive right straight leg raise test while seated. The physician noted that the IW was having increased pain and withdrawal symptomatology from Fentanyl patches. The severity of pain was not documented. The documentation submitted shows that Lyrica was a chronic medication since at least April 2, 2014 but there was no documentation as to any specific functional improvement that had occurred with the use of medication or specific documentation as to how effective the medication had been at reducing pain. The physician recommended a continuation of Lyrica trial with 6 week follow up to determine efficacy. On 12/19/2014, Utilization Review modified a request for Lyrica 50 mg #60 with 4 refills to Lyrica 50 mg #60 with 1 refill, noting that the IW was scheduled to return in 6 weeks and that multiple refills of the medication were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyricea 50 mg, sixty count with four refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Pregabalin (Lyricea) Page(s): 16-17, 99. Decision based on Non-MTUS Citation Pain, Anti-epilepsy drugs (AEDs) for pain

Decision rationale: MTUS and ODG state that Pregabalin (Lyricea) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. See Anti-epilepsy drugs (AEDs) for general guidelines, as well as specific Pregabalin listing for more information and references. MTUS additionally comments Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants. Recommended for neuropathic pain (pain due to nerve damage). A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The patient has low back pain and appears to have possible neuropathic pain for which Lyricea is an appropriate medication. The medical records provided state that he has had improvement in the past with Lyricea and the current note on 12/8/14 wants to restart it with plans to follow up in 6 weeks to determine if it is working well for him and establish a new treatment plan. The previous UR modified to Lyricea 50mg #60 RF1 which is reasonable given his 6 week follow up. However, given the request is written for 4 refills, the request for One prescription of Lyricea 50 mg #60 RF4 is not medically necessary.