

Case Number:	CM15-0001289		
Date Assigned:	01/12/2015	Date of Injury:	12/09/2000
Decision Date:	03/06/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/05/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55 year old female, who sustained an industrial injury on December 9, 2000, while transferring a patient from the bed to a wheelchair. The injured worker reported a sharp pain in the low back. The diagnoses have included lumbar radiculopathy, anxiety, depression, and gastritis. Treatment to date has included physical therapy, pool therapy, acupuncture, chiropractic therapy, multiple lumbar epidural injections, and oral and topical medications. Currently, the injured worker complains of low back pain radiating down the bilateral lower extremities, hips, and neck, accompanied by numbness, with severe difficulty in sleep, groin pain on the left, gastrointestinal upset, and depression. A Pan Medicine Re-Evaluation dated December 5, 2014, noted the injured worker was in slight to moderate distress. Physical examination was noted to show tenderness upon palpation in the spinal vertebral areas at L4-S1 levels. A MRI of the lumbosacral spine on March 3, 2014, revealed loss of vertebral disc height and disc dessication changes at L3 through S1 and well as T10-T11 levels with straightening of the normal lumbar spine lordosis, and L4-L5 4.8mm disc protrusion with mild bilateral facet arthropathy changes producing mild right greater than left lateral spinal and neural foraminal stenosis. On December 17, 2014, Utilization Review modified a request for Lyrica 75mg, quantity 30, noting that despite the previous use of Lyrica, the injured worker experienced worsening of her symptoms, and continued use of Lyrica was not recommended by the guidelines, as no significant improvement was noted. The request for Lyrica 75mg, quantity 30 was modified to certification of Lyrica 75mg, 7 tablets, with the remaining 23 tablets not certified. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On January 5,

2015, the injured worker submitted an application for IMR for review of Lyrica 75mg, quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 17.

Decision rationale: The injured worker sustained a work related injury on December 9, 2000. The medical records provided indicate the diagnosis of lumbar radiculopathy, anxiety, depression, and gastritis. Treatment to date has included physical therapy, pool therapy, acupuncture, chiropractic therapy, multiple lumbar epidural injections, and oral and topical medications. The medical records provided for review do not indicate a medical necessity for Lyrica 75mg quantity 30. The records indicate she had 8/10 pain in 10/2014 and 1/15 visits when she was on this medication. The MTUS does not recommend the continued use of the antiepileptic medications except there is a documentation of at least 30% improvement. The MTUS states as follows, "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 continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." Therefore, the requested treatment is not medically necessary and appropriate.