

Case Number:	CM15-0002811		
Date Assigned:	01/13/2015	Date of Injury:	08/21/1987
Decision Date:	03/16/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/06/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old female who sustained an industrial injury on 08/21/1987. Diagnoses include post-laminectomy syndrome-Lumbar, status post L5-S1 fusion 2006, and chronic pain. Treatment to date has included medications, Transcutaneous Electrical Nerve Stimulation Unit (TENS Unit), H wave unit, trigger point injections, physical therapy, and massage therapy. The injured worker completed a six week Functional Restoration Program on 06/27/2014. In a physician progress note dated 12/12/2014 the injured worker has a chief complaint of back pain, she has intermittent pain radiating into both her legs her right leg greater than her left leg. She has had increased spasms, and has more trouble standing up. Her pain was described as being severe, 8 out of 10, the date of visit. Her pain is achy and deep and she has electrical shooting pain in her legs which is intermittent. The treating provider is requesting Lyrica 50mg, 1 twice a day, # 60, refill x 3. On 12/31/2014 Utilization Review modified the request for Lyrica 50mg, 1 twice a day, # 60, refill x 3, to Lyrica 50mg, 1 twice a day, # 60 for the purpose of weaning to discontinue over a period of 2-3 months, citing California Medical Treatment Utilization Schedule (MTUS)-C, American College of Occupational and Environmental Medicine (ACOEM)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg Capsule #60 with 3 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 19-20.

Decision rationale: This patient presents with back pain that radiates down into the bilateral lower extremities with depression. The request is for LYRICA 50MG CAPSULE #60 WITH 3 REFILLS on 12/29/14. The request was certified by the utilization review letter dated 12/31/14 with modification to Lyrica 50mg capsule #60 with 1 refill. The patient's work status is permanent and stationary. The MTUS guidelines has the following regarding Pregabalin (Lyrica), "Pregabalin (Lyrica, no generic available) 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. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia." Provided medical records do not discuss when the patient started this medication but shows that this patient has been taking Lyrica as early as 01/20/14. Per 12/12/14 report, the patient reports pain level at 8/10 without medication and at 5/10 with current medications include Lyrica, Doxepin, Cyclobenzaprine, Venlafaxine, and Buprenorphine. The treater is presumably prescribing Lyrica for patient's pain that radiates into both legs. It is unclear what this medication is doing for this patient as there are no discussions specific to this medication. However, the treater does state pain reduction with medication use and the patient does suffer from radicular symptoms, a neuropathic condition for which this medication is indicated. The request IS medically necessary.