

Case Number:	CM15-0004520		
Date Assigned:	01/29/2015	Date of Injury:	02/27/2009
Decision Date:	03/25/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/09/2015

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 58 year old male, who sustained an industrial injury on February 27, 2009. The diagnoses have included spondylosis, chronic pain syndrome, spinal stenosis of the lumbar region, degenerative disc disease of the lumbar spine, lumbosacral sprain, low back pain, post laminectomy syndrome of the lumbar region and muscle spasms. Treatment to date has included pain medication, lumbar surgery and physical therapy. Currently, the injured worker complains of low back pain which is characterized as moderate to severe in nature. The pain is located in the lower back, the gluteal area, legs, thighs and sacrum. It is characterized as aching, burning, deep diffuse, discomforting, dull, numbing, piercing, sharp, shooting, stabbing, and aggravating by extension, flexion, sitting, standing and physical therapy. The injured worker reported that opioids cut the pain by 50%. On December 30, 2014 Utilization Review non-certified a request Lyrica 100 mg #90 with 1 refill, noting that there is no documented evidence of relief in the patient's neuropathic pain. The California Medical Treatment Utilization Schedule was cited. On January 9, 2015, the injured worker submitted an application for IMR for review of Lyrica 100 mg #90 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100mg #90 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS; Lyrica Page(s): 18-19.

Decision rationale: According to the 12/05/2014 report, this patient presents with persistent back pain that "radiated to the back, left ankle, right ankle, left calf, right calf, left foot, left thigh and NAUSEA PERSISTENT." The current request is for Lyrica 100 mg #90 with 1 refill. The request for authorization is on 12/05/2014. The patient's work status is "P&S." Regarding Lyrica for pain, MTUS Guidelines recommend it for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Lyrica was first mentioned in the 04/08/2014 report and it is unknown exactly when the patient initially started taking this medication. Review of the provided reports indicates that the patient has neuropathic pain and the treating physician mentions that with medications the pain decreased from a 9/10 to 7/10 and is able to "do simple chores around the house. Minimal activities outside of the house two days a week." In this case, the patient presents with neuropathic pain and the treating physician documented medication efficacy. Therefore, the request IS medically necessary.