

Case Number:	CM15-0009267		
Date Assigned:	01/27/2015	Date of Injury:	08/04/2005
Decision Date:	04/13/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/15/2015

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 42-year-old male who reported an injury on 08/04/2005. The documentation of 12/16/2014 revealed the injured worker had hip pain. The injured worker had numbness in the bilateral lower extremities and tingling. The injured worker ambulated with a straight cane and was mildly unsteady. The documentation indicated the injured worker had been utilizing Lyrica 100 mg and had 30% decrease in pain. There were no adverse side effects. Prior treatments included an epidural steroid injection and therapy. The documentation indicated the injured worker was not currently taking medications as they had not been approved. The surgical history included a left knee, a back fusion, a repair back fusion, a removal of the screws, and the implant of a pain stimulator that had to be removed in 2012 due to defective parts and a new 1 was put in. The injured worker was noted to have multiple spinal surgeries. The injured worker was noted to have increased pain level, depression, and decreased function due to the lack of medication. Diagnoses included hip pain, degeneration of the lumbar intervertebral disc, and lumbar postlaminectomy syndrome. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100mg #90: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antiepileptic medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain of 30%. However, there was a lack of documentation of objective functional improvement. As such, this request would not be supported. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lyrica 100 mg #90 is not medically necessary.