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| Case Number: | CM15-0101192 | | |
| Date Assigned: | 06/03/2015 | Date of Injury: | 08/07/2002 |
| Decision Date: | 07/09/2015 | UR Denial Date: | 05/05/2015 |
| Priority: | Standard | Application Received: | 05/26/2015 |

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, Hawaii

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 64 year old female, who sustained an industrial injury on 8/7/2002. The mechanism of injury is unknown. The injured worker was diagnosed as having anterior cervical discectomy and fusion in 2003, chronic neck pain and right shoulder impingement. Cervical magnetic resonance imaging showed stable fusion at cervical 5-6 and a disc herniation at cervical 6-7. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 3/31/2015, the injured worker complains of neck pain, right arm pain and right shoulder pain. Physical examination showed tenderness to the cervical paraspinal area and right shoulder. The treating physician is requesting Lyrica 75 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 75 mg Qty 90 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDS) Page(s): 16-17.

Decision rationale: The patient currently has persistent neck pain with right upper extremity radiculopathy and right shoulder pain. The current request is for Lyrica 75mg QTY 90 with 1 refill. According to the MTUS guidelines, Anti-epileptic drugs are recommended for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. 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 significant. In this case, the patient is 12 years status-post cervical fusion at C5/6 and has a positive MRI with disc herniation at C6/7. The patient has been utilizing Lyrica for her neuropathic pain since at least 12/31/15. There is no documentation of functional improvement or pain relief with this medication as required by MTUS on page 60. The Utilization review report dated 5/5/15 modified the current request to authorize a one month prescription and indicated that the treating physician would need to document the efficacy of the medication for further consideration of ongoing usage. The current request does not meet the MTUS requirements and is not medically necessary.