MAXIMUS Federal Services

Case Number:	CM15-0102593		
Date Assigned:	07/17/2015	Date of Injury:	12/14/2007
Decision Date:	09/09/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/28/2015

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: New York
Certification(s)/Specialty: Internal 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 45 year old male, who sustained an industrial injury on December 14, 2007. The injury occurred while the injured worker was lifting a tree trunk and experienced abdominal and low back pain. The diagnoses have included lumbar strain-sprain, low back pain and spasms, lumbar radiculitis, lumbar radiculopathy, chronic pain syndrome, depressive disorder and ventral hernia. Treatment and evaluation to date has included medications, radiological studies, MRI, back brace, physical therapy, cognitive behavior therapy, lumbar injections, psychological assessments and ventral hernia repair. Work status was noted to be permanent and stationary. The injured worker was not working. Current documentation dated April 20, 2015 notes that the injured worker reported constant achy, burning groin and low back pain. The pain was rated a six out of ten on the visual analogue scale. Medications included Lyrica, Prilosec and Voltaren gel. The medications were noted to decrease the pain by 50%, improve numbness and increase activity tolerance. Examination of the lumbar spine revealed a decreased and painful range of motion, a positive straight leg raise test on the left and decreased sensation in the bilateral lumbar-four dermatomes. Hypersensitivity was noted over the epigastric hernia scar. The treating physician's plan of care included a request for Lyrica 200 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 200 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic) Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs, Pregabalin (Lyrica) Page(s): 16-19, 99.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommends antiepilepsy drugs for neuropathic pain. Lyrica has been documented to be effective in treatment of diabetic neuropathy and post-therapeutic neuralgia. The FDA has approved Lyrica for both indications and it is considered first-line treatment for both. Lyrica is a Schedule V controlled substance because off its causal relationship with euphoria. Lyrica also has an anti-anxiety effect. The FDA also approved Lyrica as the first approved treatment for fibromyalgia. The guidelines state note that a good response to anti-epilepsy drugs has been defined as a 50% reduction in pain and a moderate response 30% reduction in pain. In this case, the injured worker had chronic groin and low back pain. The injured worker has been prescribed Lyrica since at least September of 2014. Subsequent documentation notes that the injured worker continued to report pain levels rated at a 6-7 out of ten on the visual analogue scale. The documentation supports the injured workers current medication decreased the pain by 50%. However, the documentation is not specific as to the benefit Lyrica had on the injured workers pain. Due to the lack of a significant decrease in pain levels with the use of the medication, the request for Lyrica is not medically necessary.