

Case Number:	CM15-0106159		
Date Assigned:	06/10/2015	Date of Injury:	06/07/2000
Decision Date:	11/12/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/02/2015

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 34 year old male, who sustained an industrial injury on 06-07-2000. The injured worker is working with restrictions as of 03-16-2015. Medical records indicated that the injured worker is undergoing treatment for post-laminectomy syndrome of lumbar region. Treatment and diagnostics to date has included lumbar spine surgery and medications. Current medications include Lyrica, Norco, Trazodone, and Zoloft. After review of progress notes dated 03-16-2015 and 05-11-2015, the injured worker reported low back and left leg pain. Objective findings included limited lumbar spine range of motion and pain to palpation over the lumbar intervertebral disc space at approximately L3-4 and L4-5. The request for authorization dated 05-20-2015 requested Norco and Lyrica 75mg #60 with 4 refills. The Utilization Review with a decision date of 05-28-2015 non-certified the request for Lyrica 75mg #60 with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #60 with 4 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The patient presents on 05/11/15 with moderate lower back pain which radiates into the left lower extremity. The patient's date of injury is 06/07/00. Patient is status post lumbar laminectomy and anterior interbody fusion at L4-5 and L5-S1 levels. The request is for LYRICA 75MG #60 WITH 4 REFILLS. The RFA was not provided. Physical examination dated 05/11/15 reveals tenderness to palpation over the lumbar spine at L3-4 and L4-5 levels which extends into the bilateral paraspinal musculature, and mild numbness to light touch across the anterior and lateral aspects of the L3 dermatomal distribution. The patient is currently prescribed Lyrica, Norco, Trazodone, and Zoloft. Patient is currently working. MTUS Guidelines, Antiepilepsy drugs (AEDs) section, page 19-20, under Lyrica states: "Pregabalin (Lyrica) 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. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. This medication also has an anti anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder." In regard to the continuation of Lyrica, the request is appropriate. This patient presents with chronic neurological pain secondary to significant surgical history in the lumbar spine, and has been prescribed Lyrica long-term. Progress notes dated 05/11/15 and 07/16/15 document that this patient experiences pain relief through the combination of medications and rest, though does not specifically mention Lyrica. It is indicated that this patient utilizes Lyrica for his baseline neuropathic pain and Norco as needed for breakthrough pain. In terms of functionality, it is also indicated that this patient has returned to unrestricted work. Given the conservative nature of this medication and the documentation of pain relief attributed to medications with evidence of improved functionality, continuation is substantiated. The request IS medically necessary.