

Case Number:	CM15-0107003		
Date Assigned:	06/12/2015	Date of Injury:	05/05/2003
Decision Date:	07/16/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/04/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 65-year-old who has filed a claim for chronic back, foot, hand, neck, and low back pain reportedly associated with an industrial injury of May 5, 2003. In a Utilization Review report dated May 21, 2015, the claims administrator failed to approve a request for Lyrica (pregabalin). The claims administrator referenced a May 12, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On April 8, 2015, the applicant received refills of Norco and tizanidine for ongoing complaints of neck and low back pain status post failed cervical and lumbar laminectomy surgeries. The applicant also had ancillary issues with myofascial pain syndrome, it was reported. Lyrica was reportedly endorsed on a trial basis for complaints of right foot neuropathic pain. The claims administrator's medical-evidence log suggested that the April 8, 2015 progress note on file in fact represented the most recent note available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs / anti-convulsants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica); Pain Mechanisms Page(s): 99; 3.

Decision rationale: Yes, the request for Lyrica (pregabalin) was medically necessary, medically appropriate, and indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, pregabalin or Lyrica is FDA approved in the treatment of diabetic neuropathic pain and postherpetic neuralgia and, by implication, is indicated in the treatment of neuropathic pain complaints in general, which, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines, are characterized by numbing, lancinating, burning, and/or shock-like sensations, all of which are present here in the form of the applicant's lumbar radicular pain complaints reported on or around the date in question, April 8, 2015. The attending provider framed the request for Lyrica as a first-time request for the same, stating that the applicant was unable to tolerate and/or employ previously provided gabapentin. Introduction of Lyrica, thus, was indicated on or around the date in question. Therefore, the request was medically necessary.