

Case Number:	CM15-0107116		
Date Assigned:	06/11/2015	Date of Injury:	01/30/2010
Decision Date:	07/13/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/03/2015

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 32 year old female who sustained an industrial injury on 01/30/2010. Mechanism of injury occurred while helping a client ambulate to the bathroom and she twisted to control the falling patient and immediately felt significant lumbar pain and burning. Diagnoses include history of left radiculitis, failed back surgery with intractable severe pain. Treatment to date has included diagnostic studies, medications, status post extensive decompression and fusion, and physical therapy. Medications include Cymbalta, Lyrica, Tramadol, and Alprazolam and Zofran. On 02/17/2015 a computed tomography of the lumbar spine was done and showed post-surgical changes, right S1 transpedicular screw protrudes approximately 16mm beyond the right anterior cortex of the S1 vertebral body adjacent to the posterior margin of the right external iliac artery which is unchanged compare to the prior computed tomography done on 08/21/2013, left S1 transpedicular screw projects approximately 10mm beyond the cortex of the left anterior margin of the S1 vertebral body, 2mm retrolisthesis of L4 on L5 which is unchanged compared to the prior CT scan on 08/21/2013, and minimal levoscoliosis of the lumbar spine with the apex centered at the L3 level and with a Cobb angle of 6 degrees. A physician progress note dated 05/07/2015 documents the injured worker has constant back pain which she rates as a 7 out of 10. She rates her leg pain as 8-10 out of 10 and is worse when she does not have access to Lyrica. She relates the medications reduce her "spikes" of pain, and reduce the nerve pain which extends into her left leg. Straight leg raising was not supple on the left and caused some increase in discomfort. She has surprisingly minimal lumbar tenderness. The treatment plans includes refilling of her medications, a Transcutaneous Electrical Nerve Stimulation unit,

and consider a referral for consideration of a stimulator and/ or morphine pump. Treatment requested is for Lyrica 200mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 200mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica), page 100.

Decision rationale: Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This anti-epileptic medication may be helpful in the treatment of radiculopathy and would be indicated if there is documented significant benefit. It appears the medication has been prescribed for quite some time; however, there is no documented functional improvement as the patient continues with constant severe significant pain level and remains functionally unchanged for this chronic injury of January 2010. Submitted medical report has not adequately demonstrated indication and functional benefit to continue ongoing treatment with this anti-epileptic. The Lyrica 200mg #90 is not medically necessary and appropriate.