

Case Number:	CM15-0107248		
Date Assigned:	06/11/2015	Date of Injury:	10/09/2013
Decision Date:	07/13/2015	UR Denial Date:	05/21/2015
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 45 year old male patient who sustained an industrial injury on 10/09/2013. The accident was described as while working pushing a large metal garbage container he felt a sharp pain in the back and he was unable to stand straight after that. A primary treating office visit dated 12/17/2014 reported the patient with subjective complaint of low back pain. The patient states he is having difficulty getting medications and unable to get Cymbalta and Nortriptyline. Of note, he was told that he received authorization to undergo lumbar radiofrequency ablation. Objective findings showed a lumbar facet stress test with positive findings. The following diagnoses were applied: lumbar facet arthropathy; lumbar radiculopathy, and status post lumbar fusion L5-S1. The Lyrica noted decreased as the patient is complaining of being tired while taking it. He is to be schedule to undergo ablation. He is to remain on modified work duty. Previous treatment to include: modified work duty, rest, medications, physical therapy, acupuncture, chiropractic session and lumbar branch block injection. He states the injection offered good results; however, he now is complaining of a new onset of right leg weakness. Diagnostic testing to include: radiography study, magnetic resonance imaging study, and electric nerve conduction study. Current medications are: Norco, Flexeril, Tramadol, Etodolac, and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrice 50mg #60: Upheld

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

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

Decision rationale: Pregabalin (Lyrice) 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; however, the patient is scheduled to undergo radiofrequency ablation for facet arthropathy. 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. Submitted medical report has not adequately demonstrated indication and functional benefit to continue ongoing treatment with this anti-epileptic. The Lyrice 50mg #60 is not medically necessary or appropriate.