

Case Number:	CM15-0109210		
Date Assigned:	06/15/2015	Date of Injury:	01/24/1996
Decision Date:	07/16/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/05/2015

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 56 year old male, who sustained an industrial injury on 1/24/1996. The current diagnoses are cervical sprain, cervical radiculopathy, cervical spondylosis, and status post fusion. According to the progress report dated 4/9/2015, the injured worker complains of chronic neck pain with radiation into the bilateral shoulders. The level of pain is not rated. The physical examination of the cervical spine reveals range of motion 80%. The medications prescribed are Lyrica, Norco, Nucynta, Soma, Ultram, Amrix, Flector patch, and Ambien. Treatment to date has included medication management, MRI studies, and surgical intervention. The plan of care includes prescription for Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg #90 with refills for 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Pregabalin – Lyrica Medications for chronic pain Page(s): 19-20, 60.

Decision rationale: The patient was injured on 01/24/96 and presents with chronic neck pain. The request is for LYRICA 50 MG #90 WITH REFILLS FOR 12 MONTHS. The RFA is dated 04/28/15 and the patient is disabled. Reports are hand-written and illegible. It appears that this is the initial prescription of Lyrica. MTUS Guidelines, pages 19-20, have the following regarding Lyrica: Pregabalin - Lyrica, no generic available 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. It further states, weaning: Do not discontinue pregabalin abruptly and weaning should occur over 1-week period. Withdrawal effects have been reported after abrupt discontinuation. The patient is diagnosed with cervical sprain, cervical radiculopathy, cervical spondylosis, and status post fusion. His neck pain radiates to this shoulders. There isn't any discussion provided regarding how Lyrica has impacted the patient's pain and function. MTUS page 60 states that pain and function must be recorded when medications are used for chronic pain. Due to lack of documentation, the requested Lyrica IS NOT medically necessary.