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| Case Number: | CM15-0010197 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 07/21/2011 |
| Decision Date: | 04/08/2015 | UR Denial Date: | 01/13/2015 |
| Priority: | Standard | Application Received: | 01/19/2015 |

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: Arizona, Texas

Certification(s)/Specialty: Internal 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:

This 60-year-old male reported a work-related injury on 07/21/2011. According to the progress notes from the treating provider dated 12/18/14, the injured worker (IW) reports lower back pain. The diagnoses include musculotendinoligamentous sprain/strain, L/S radiculopathy, lumbar facet arthropathy, sacroiliac dysfunction and adjustment reaction with depression and anxiety. Previous treatments include medications, physical therapy, home exercise, walker and psychiatric care. The treating provider requests Lyrica 150mg, #90 refills: 5. The Utilization Review on 01/13/2015 modified the request for Lyrica 150mg, #90 to 'no refills'. References cited were CA MTUS Chronic Pain medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9297.20-.26 Page(s): 99.

Decision rationale: Pregabalin 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. Pregabalin was also approved to treat fibromyalgia. There is no established trial period, but the onset of action is thought to be less than 1 week. Weaning should occur over one week. In this case the patient has a diagnosis of neuropathic pain and has been treated previously with gabapentin without good control of pain. The IW was changed to pregabalin 11/6/15. In f/u the patient notes the dose of 150mg was only partially helpful. The ongoing treatment with the same dose of 150mg which did not result in functional improvement is not medically indicated.