

Case Number:	CM15-0140221		
Date Assigned:	07/30/2015	Date of Injury:	06/09/2014
Decision Date:	08/31/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/20/2015

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: 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:

This injured worker is a 40-year-old female who reported an industrial injury on 6-9-2014. Her diagnoses, and or impression, were noted to include right lumbar radiculopathy and pain with right lower extremity weakness; central lumbosacral disc extrusion; lumbar facet joint arthropathy; and right shoulder impingement, internal derangement and pain, status-post surgery. No current imaging studies were noted. Her treatments were noted to include a qualified medical examination on 6-11-2015; medication management; and rest from work. The progress notes of 6-24-2015 reported increasing right shoulder, right neck, right back and right lower extremity pain that was not adequately managed on Norco. Objective findings were noted to include obesity; no acute distress; tenderness of the right shoulder that was with painful restricted range-of-motion, positive impingement, Neer's and Hawkins signs; painful, restricted lumbar range-of-motion, with spasms; restricted painful cervical range-of-motion; positive lumbar discogenic provocative maneuvers; and positive right straight leg raise. The physician's requests for treatments were noted to include Lyrica to treat lower extremity neuropathic pain that had failed Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs) Section Page(s): 16-20.

Decision rationale: The MTUS Guidelines support the use of Lyrica for the treatment of diabetic neuropathy and post herpetic neuralgia. Antiepileptic drugs are recommended for the treatment of neuropathic pain. The injured worker does appear to have neuropathic pain based on the clinical reports, and has failed with the use of Gabapentin. Norco alone is not effective with pain control in this case. The request for Lyrica 50mg #90 is determined to be medically necessary.