

Case Number:	CM15-0147025		
Date Assigned:	08/07/2015	Date of Injury:	06/28/2006
Decision Date:	09/04/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/30/2015

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: Emergency 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:

The injured worker is a 51 year old male who sustained an industrial/work injury on 6-28-06. He reported an initial complaint of back pain. The injured worker was diagnosed as having lumbar post surgical syndrome. Treatment to date includes medication. Currently, the injured worker complained of worse low back pain with radiation down left leg and using a single point cane for assist. Per the primary physician's report (PR-2) on 5-29-15, exam noted some distress, ambulation with an antalgic gait, normal curvature with back, diffuse tenderness over L-S (lumbosacral) region, decreased sensation to left, sharp down L5 distribution of left lower extremity, give way weakness knee flexion of left lower extremity, positive straight leg raise at 55 degrees to left. The requested treatments include Lyrica (pregabalin) 75 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: The requested Lyrica 75mg, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pregabalin, Page 99, recommend this medication for the treatment of "neuropathy and postherpetic neuralgia. The injured worker has worse low back pain with radiation down left leg and using a single point cane for assist. Per the primary physician's report (PR-2) on 5-29-15, exam noted some distress, ambulation with an antalgic gait, normal curvature with back, diffuse tenderness over L-S (lumbosacral) region, decreased sensation to left, sharp down L5 distribution of left lower extremity, give way weakness knee flexion of left lower extremity, positive straight leg raise at 55 degrees to left. The treating physician has not documented objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Lyrica 75mg is not medically necessary.