

Case Number:	CM15-0163969		
Date Assigned:	09/01/2015	Date of Injury:	10/13/2008
Decision Date:	09/30/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/20/2015

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: Texas, Illinois

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:

The injured worker is a 45 year old female, who sustained an industrial injury on 10-13-2008. Diagnoses include status post partial laminectomy L4-5, herniated nucleus pulposus L5-S1, ongoing bilateral neuropathic leg pain, and facet arthropathy of the lumbar spine. Treatment to date has included surgical intervention (partial laminectomy and microdiscectomy L4-5, 2011), and rhizotomy (2014 and 2015), as well as conservative treatment including medications. Current medications include Lyrica, Percocet and Senna. Per the Primary Treating Physician's Follow-up Report dated 7-07-2015, the injured worker reported low back and bilateral lower extremity pain. She reports that she is doing better overall. She reports aching low back pain rated as 3 out of 10 with medications which increases with activity and changes to burning throughout the day. She rates the severity of her pain as 6 out of 10 without medications. She underwent a Rhizotomy at L4-5 on 5-15-2015 and reports 60% improvement. Physical examination of the lumbar spine revealed palpable tenderness to the lower lumbar facets with decreased range of motion upon flexion and extension. The plan of care included, and authorization was requested for Lyrica 150mg #180, Percocet 5-325mg #30 and pain management follow-up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg #180 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-20.

Decision rationale: The injured worker sustained a work related injury on 10-13-2008. Diagnoses include status post partial laminectomy L4-5, herniated nucleus pulposus L5-S1, ongoing bilateral neuropathic leg pain, and facet arthropathy of the lumbar spine. Treatment to date has included surgical intervention (partial laminectomy and microdiscectomy L4-5, 2011), and rhizotomy (2014 and 2015), as well as conservative treatment including medications. Current medications include Lyrica, Percocet and Senna. The medical records provided for review do not indicate a medical necessity for Lyrica 150mg #180 with 3 refills. Pregabalin (Lyrica) is an antiepileptic drugs that is considered Schedule V controlled substance because of its causal relationship with euphoria. The MTUS recommends the use of the antiepileptic drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30% reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. The requested treatment is not medically necessary because the request is asking for a minimum of 360-day supply without documentation of 30 % pain reduction with use as is recommended by the MTUS. (The maximum recommended daily dose of Lyrica is 600mg per day; therefore, the request for: Lyrica 150mg #180 with 3 refills translates to 360 days).