

Case Number:	CM15-0167450		
Date Assigned:	09/08/2015	Date of Injury:	10/18/2012
Decision Date:	10/07/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/25/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 33 year old female, who sustained an industrial injury on 10-18-2012. Diagnoses have included neck sprain-strain, thoracic region sprain-strain and lumbar region sprain-strain. Treatment to date has included a transcutaneous electrical nerve stimulation (TENS) unit and medication. According to the progress report dated 5-4-2015, the injured worker complained of an increase in her neck and low back pain. She also reported increased headaches. Physical exam revealed an antalgic gait. Authorization was requested 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 capsules with 4 refills: 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 Lyrica Page(s): 20.

Decision rationale: According to MTUS guidelines, "Lyrica is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of

diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Lyrica cannot be prescribed without evidence of the effect, efficacy and adverse reaction of previous use of the medication. Therefore, the Prescription of Lyrica 50mg #90 with 4 refills is not medically necessary.