

Case Number:	CM15-0181723		
Date Assigned:	09/23/2015	Date of Injury:	03/25/1995
Decision Date:	11/03/2015	UR Denial Date:	09/05/2015
Priority:	Standard	Application Received:	09/15/2015

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: Physical Medicine & Rehabilitation

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 67 year old male, who sustained an industrial injury on 03-25-1995. He has reported injury to the neck. The injured worker has been treated for right neck pain; cervical disc disease; spasm of muscle; fasciitis not otherwise specified; arthrodesis status; and post-laminectomy syndrome of cervical region. Treatment to date has included medications, diagnostics, injections, cervical medial branch radiofrequency neurotomy, and surgical intervention. Medications have included Percocet, Norco, Methadone, Lyrica, Cymbalta, Lidocaine ointment, Fioricet, Diazepam, Skelaxin, and Ambien. A progress report from the treating physician, dated 08-25-2015, documented a follow-up visit with the injured worker. The injured worker reported he has had his radiofrequency ablation in April and it was working fairly well for him, but his pain has gotten worse again; he notes his medications are working less effectively; he cannot take anti-inflammatories due to his gastrointestinal bleeding history; he definitely gets pain relief with opioid medicines; his medications provide him with a significant degree of pain relief and improved function as a result of using the medications; and he is working full time. Objective findings included he has had multiple compliant urine tests. The treatment plan has included the request for Lyrica 150mg #90, 1 every morning, 1 every evening and 1 at night. The original utilization review, dated 09-05-2015, non-certified a request for Lyrica 150mg #90, 1 every morning, 1 every evening and 1 at night.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg #90, 1 every morning, 1 every evening and 1 at night: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The current request is for LYRICA 150MG #90, 1 EVERY MORNING, 1 EVERY EVENING AND 1 AT NIGHT. Treatment to date has included medications, diagnostics, injections, cervical medial branch radiofrequency neurotomy, and surgical intervention for the cervical spine. The patient is working full-time. MTUS Guidelines, Anti-epilepsy drugs (AEDs) section, page 19-20, under Lyrica states: Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and post-herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. This medication also has an anti-anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. Per report 08/25/15, the patient presents with chronic neck pain. The patient reported he has had the radiofrequency ablation in April and it was working fairly well for him, but his pain has gotten worse again. Examination revealed "Musculoskeletal: system review is per HPI. The patient does not report any new profound weakness or instability." This is the examination finding throughout the medical file. The patient has been prescribed Lyrica since April 2015. Although the treater continually notes medication efficacy, MTUS guidelines recommend Lyrica for neuropathic conditions and the progress reports provide no discussion of neurological deficits or radicular symptoms. This patient does not meet the indication for Lyrica. Therefore, the request IS NOT medically necessary.