

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0182025 | | |
| Date Assigned: | 09/23/2015 | Date of Injury: | 09/26/2008 |
| Decision Date: | 11/02/2015 | UR Denial Date: | 08/28/2015 |
| Priority: | Standard | Application Received: | 09/16/2015 |

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 58-year-old female who sustained an industrial injury September 26, 2008. Past history-included status post left wrist surgery for thumb osteoarthritis and carpal tunnel release September 2010. According to a primary treating physician's report dated August 14, 2015, the injured worker presented with ongoing complaints of low back pain. Current medication is aiding the low back pain with reported levels of 4 out of 10 with medication and 10 out of 10 without medication. Current medication included Norco, Naprosyn, Lyrica and Provigil, Lexapro and Abilify prescribed by another treating physician. She continues to recuperate from knee surgery, which is non-industrial. Objective findings are documented as; ongoing tenderness to lumbar paraspinal muscles. No other examination present. Diagnoses are chronic low back pain-MRI November 2010 showed disk desiccation at multiple levels; chronic wrist and hand pain. Treatment plan included; dispensed Naprosyn, medication, and a scheduled visit in a month. A psychiatric office visit dated August 14, 2015, revealed the injured worker visited as a follow-up for anxiety and depression and chronic pain. She is ambulating with a cane and her activities are limited. The treating physician documents; "her psychiatric symptoms remain controlled with her current medication regime." At issue, is a request for authorization dated August 21, 2015, for Lyrica. According to utilization review dated August 28, 2015, the request for retrospective Naproxen 550mg (dispensed on August 14, 2015) Quantity: 60 are certified. The request for Norco 10-325mg Quantity: 150 are certified. The request of Lyrica 50mg Quantity: 300 are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg Qty: 300.00: Overturned

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), Pregabalin (Lyrica). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-epilepsy drugs (AEDs) for pain.

Decision rationale: MTUS and ODG state, "Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. See Anti-epilepsy drugs (AEDs) for general guidelines, as well as specific Pregabalin listing for more information and references." MTUS additionally comments "Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants. Recommended for neuropathic pain (pain due to nerve damage). A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use." The patient appears to have established neuropathic pain for which Lyrica is an appropriate medication. The medical records provided do not detail any objective improvement over the last several months. Pain rating ranged from 10/10 down to 4/10. Overall, pain improvement has been documented. Given the lack of subjective and objective improvement. As such, the request for Lyrica 50mg Qty: 300.00 is medically necessary.