MAXIMUS Federal Services

Case Number:	CM15-0183246		
Date Assigned:	09/24/2015	Date of Injury:	12/18/2004
Decision Date:	11/06/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/17/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 64 year old male with a date of injury on 12-18-2004. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc disease, lumbar radiculopathy, spasm of muscle and lumbar sprain-strain. Medical records (5-12-2015 to 9-3-2015) indicate ongoing low back pain with radiation to the right leg rated seven out of ten. He rated his minimum pain as three out of ten with medications and his maximum pain as ten out of ten. According to the progress report dated 9-3-2015, the injured worker was "still in a lot of pain." He reported noticing a difference in his leg symptoms when he did not take Lyrica. He reported being able to do yard work when he took medications 30 minutes prior to activity. Per the treating physician (9-3-2015), the injured worker had permanent work restrictions and was retired. The physical exam (9-3-2015) revealed bilateral tenderness and spasms of the L3-5 paraspinous muscles. Exam of the lumbar spine showed decreased range of motion. There was pain with palpation of the right sacroiliac joint. Treatment has included sacroiliac injection and medications. The injured worker has been prescribed Lyrica since at least 3-12-2015. Other medications included Norco, Cymbalta and Tramadol. The request for authorization dated 9-8-2015 included Lyrica. The original Utilization Review (UR) (9-14-2015) denied a request for Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg quantity 90: 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: Per MTUS CPMTG, "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." Pregabalin is the prodrug of gabapentin and is often used when gabapentin is clinically not sufficiently effective. Per MTUS CPMTG, "Gabapentin (Neurontin) 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." Per MTUS CPMTG p17, "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 continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." The documentation submitted for review did not contain evidence of improvement in function. As such, the request is not medically necessary.