

Case Number:	CM15-0191422		
Date Assigned:	10/05/2015	Date of Injury:	04/17/2001
Decision Date:	11/12/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/29/2015

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: Georgia

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:

The injured worker is a 54 year old male, who sustained an industrial injury on 4-17-2001. The injured worker was being treated for lumbar disc displacement. Medical records (1-27- 2015 to 9-9-2015) indicate ongoing low back pain that radiated into both legs and was constant. He reported increased pain due to medications being denied. The medical records show no improvement of the subjective pain rating of 5 out of 10 with medications, 9 out of 10 without medications, 5 out of 10 current, 4 out of 10 least pain since last visit, and 5 out of 10 average pain from 1-27- 2015 to 9-9-2015. Records also indicate the injured worker has been taking Lyrica (since at least 1-2015) with 10% relief of pain. The physical exam (1-27- 2015 to 9-9-2015) revealed continued decreased range of motion, paravertebral tenderness, and a positive straight leg raise. Per the treating physician 3-26-2015 report), an MRI of the lumbar spine from 8-9-2010 revealed disc protrusions at L3-4 (lumbar 3-4) and L4-5 (lumbar 4-5) abutting bilateral L4 and L5 spinal nerves. Treatment has included acupuncture, aquatic therapy, ice, heat, massage, a lumbar epidural steroid injection, and medications including pain and anti-epilepsy. On 8-26-2015, the requested treatments included Lyrica 100mg #60. On 9-3-2015, the original utilization review modified a request for Lyrica 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100mg #60: 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: Lyrica 100mg #60 is not medically necessary. Per Ca MTUS Pregabalin 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. Lyrica is also FDA approved for Fibromyalgia. The claimant was not diagnosed with diabetic neuropathy or postherpetic neuralgia as well as Fibromyalgia. There is also no documentation that the claimant has failed other first line AEDs. Finally, the claimant reported only 10% relief; therefore, the request is not medically necessary.