

Case Number:	CM15-0193725		
Date Assigned:	10/07/2015	Date of Injury:	02/12/2007
Decision Date:	11/23/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/02/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 57-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 12, 2007. In a Utilization Review report dated September 18, 2015, the claims administrator failed to approve a request for Lyrica. The claims administrator referenced a September 8, 2015 office visit in its determination. The applicant's attorney subsequently appealed. An RFA form dated September 9, 2015, Lyrica and Tylenol were endorsed. On an associated progress note dated September 8, 2015, the applicant was placed off of work, on total temporary disability. The applicant's medications include Flexeril, Colace, aspirin, losartan, it was stated toward the top of the note. The applicant had undergone earlier failed lumbar spine surgery at an unspecified point in time, it was reported, had comorbidities including gout and hypertension, it was acknowledged. The applicant was obese with BMI of 36. 4/10 pain complaints were noted. The attending provider stated that the applicant's medications were generating temporary decrease in pain, but did not elaborate further. It was suggested that the request for Tylenol in fact represented a renewal request, although this was not explicitly stated. On May 12, 2015, the applicant was again placed off of work, on total temporary disability. The applicant was using Norco on this date, it was acknowledged. On March 13, 2015, the applicant was described as using variety of medications to include Prilosec, allopurinol, amoxicillin, clarithromycin, losartan, Flexeril, Norco, Colace, and Lyrica. Once again the applicant was placed off of work, on total temporary disability. The attending provider again stated that the applicant's medications were beneficial but, once again, declined to elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 225mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica).

Decision rationale: No, the request for Lyrica, an anticonvulsant adjunct medication, was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is FDA approved in the treatment of postherpetic neuralgia and diabetic neuropathic pain and, by analogy, can be employed for neuropathic pain complaints in general, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off of work, on total temporary disability, it was reported on multiple office visits, referenced above, throughout 2015. The applicant remained dependent on opioid agents such as Norco, it was also reported above. The attending provider failed to outline meaningful or material improvements in function (if any) effected as a result of ongoing Lyrica usage. Therefore, the request was not medically necessary.