MAXIMUS Federal Services

Case Number:	CM15-0196934		
Date Assigned:	10/12/2015	Date of Injury:	12/17/2014
Decision Date:	11/18/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/06/2015

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:

This is a 51-year-old male with a date of injury on 12-17-14. A review of the medical records indicates that the injured worker is undergoing treatment for neck, back and groin pain. Progress report dated 9-17-15 reports continued complaints of sharp tearing pains and still getting pain in his right testicle. He has weakness in his right hand and is planning on seeing a neurosurgeon. Physical exam: decreased cervical spine range of motion, reflexes are 2 plus and symmetric in all groups tested, no sensory loss in upper and lower extremities bilaterally (atrophy is consistent with ulnar neuropathy). X-ray cervical spine on 3-23-15 reveals straightening of the lordotic curve suggesting muscle spasm and degenerative disc disease at C5-6 and C6-7. X-ray lumbar spine 4-13-15 reveals no acute abnormality, minimal spondylosis and minimal T12 anterior wedging, probably chronic. Nerve conduction studies showed ulnar neuropathy. Treatments include: medication, physical therapy, illioinguinal block. Request for authorization dated 9-21-15 was made for Lyrica 25 mg quantity 60. Utilization review dated 9-23-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 25mg, #60: Upheld

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

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

Decision rationale: 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. This anti-epileptic medication may be helpful in the treatment of radiculopathy and would be indicated if there is documented significant benefit. It appears the medication has been prescribed for quite some time; however, there is no documented functional improvement as the patient continues with constant severe significant pain level and remains functionally unchanged for this chronic injury. Submitted medical report has not adequately demonstrated indication and functional benefit to continue ongoing treatment with this anti-epileptic. The Lyrica 25mg, #60 is not medically necessary and appropriate.