

Case Number:	CM15-0200608		
Date Assigned:	10/15/2015	Date of Injury:	02/24/2014
Decision Date:	11/25/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/13/2015

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, Florida, 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 injured worker is a 32 year old male, who sustained an industrial injury on 2-24-2014. The injured worker is undergoing treatment for chronic low back pain, lumbar radiculopathy and lumbar strain-sprain. Medical records dated 9-25-2015 indicate the injured worker complains of back pain radiating to the right leg rated 7 out of 10 with medication and 9 out of 10 without medication. The treating physician indicates "quality of sleep is fair." The injured worker reports increased level of activity. Physical exam dated 9-25-2015 notes antalgic gait, lumbar tenderness to palpation with painful decreased range of motion (ROM) and painful straight leg raise on the right. There is decreased sensation over L3 and L4 dermatomes. Treatment to date has included physical therapy, chiropractic treatment, X-ray, magnetic resonance imaging (MRI), electromyogram of right lower extremity is normal, acupuncture, lumbar transforaminal epidural steroid injection reported <30% relief, Lyrica, Tramadol, ibuprofen, Nucynta, Flexeril and Naprosyn. The original utilization review dated 10-1-2015 indicates the request for Nucynta 50mg #90 is certified, Lyrica 100mg #60 with 1 refill is modified and Lyrica 75mg #60 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100 mg Qty 60 with 1 refill, take 1 capsule 2 times daily: 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: This claimant was injured in 2014 and has chronic low back pain, lumbar radiculopathy and lumbar strain-sprain. Treatment to date has included physical therapy, chiropractic treatment, X-rays, and magnetic resonance imaging (MRI). An electromyogram of the right lower extremity is normal, acupuncture, lumbar transforaminal epidural steroid injection reported <30% relief, Lyrica, Tramadol, ibuprofen, Nucynta, Flexeril and Naprosyn. The objective, functional improvement out of the Lyrica usage is not known. The MTUS notes that these medicines are recommended for neuropathic pain, pain due to nerve damage. (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007) The MTUS further notes that most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). I did not see that this claimant had these conditions for which the medicine is effective. Objective, functional improvement, which is a prime MTUS criterion, is not noted. The request was appropriately non-certified under MTUS criteria.

Lyrica 75 mg Qty 60, take 1 capsule 2 times daily: 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: As shared previously, this claimant was injured in 2014 with chronic low back pain, lumbar radiculopathy and lumbar strain-sprain. Treatment to date has included physical therapy, chiropractic treatment, X-ray, magnetic resonance imaging (MRI), electromyogram of right lower extremity is normal, acupuncture, lumbar transforaminal epidural steroid injection reported <30% relief, Lyrica, Tramadol, ibuprofen, Nucynta, Flexeril and Naprosyn. The objective, functional improvement out of the Lyrica usage is not known. Again, The MTUS notes that medicines like Lyrica are recommended for neuropathic pain (pain due to nerve damage. (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007) The MTUS further notes that most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). I again did not see that this claimant had these conditions for which the medicine is effective. As shared earlier, this request was appropriately non-certified under MTUS criteria.