

Case Number:	CM15-0206221		
Date Assigned:	10/23/2015	Date of Injury:	07/22/2002
Decision Date:	12/10/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/20/2015

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 [REDACTED] beneficiary who has filed a claim of chronic low back pain (LBP) reportedly associated with an industrial injury of July 22, 2002. In a Utilization Review report dated October 1, 2015, the claims administrator failed to approve a request for Lyrica. The claims administrator referenced a September 24, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 24, 2015, the applicant reported ongoing issues of cervical and lumbar radiculopathy. The applicant's medication list included Lac-Hydrin cream, Docuprene, hydrocortisone cream, Lyrica, metformin, Nucynta, Nucynta extended-release, Prilosec, Senna, and tramadol, it was reported. The applicant was no longer working and had reportedly "retired," the treating provider reported, at age 64. Multiple medications, including Lyrican, Nucynta, and Norco were renewed. The attending provider stated that the applicant's medication list was facilitating his ability to walk and do unspecified chores around the home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica). Decision based on Non-MTUS Citation Official Disability Guidelines, Lyrica (pregabalin).

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

Decision rationale: No, the request for Lyrica, an anticonvulsant adjuvant 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/or diabetic neuropathic pain and, by implication, can be employed in the treatment of neuropathic pain conditions as were present here in the form of applicant's ongoing cervical and lumbar radicular pain complaints, 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, the applicant reported 8/10 pain complaints on September 24, 2015, despite ongoing usage of Lyrica. Ongoing usage of Lyrica failed to curtail the applicant's dependence on opioid agents such as Nucynta, Nucynta extended-release, and tramadol, the treating provider reported on that date. All of the foregoing, taken together, outweighed any reports to the effect that the applicant's ability to walk in unspecified amounts were ameliorated as a result of ongoing medication consumption and, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Lyrica or pregabalin. Therefore, the request was not medically necessary.