

Case Number:	CM15-0207682		
Date Assigned:	10/26/2015	Date of Injury:	08/16/2014
Decision Date:	12/14/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/21/2015

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 for chronic low back pain (LBP) reportedly associated with an industrial injury of August 16, 2014. In a utilization review report dated September 22, 2015, the claims administrator failed to approve a request for Lyrica. A September 14, 2015 order form was referenced in the determination. The applicant's attorney subsequently appealed. On October 6, 2015, the applicant received acupuncture treatment. No seeming discussion of medication efficacy transpired. On August 3, 2015, the applicant was placed off of work, on total temporary disability. Acupuncture was sought. 10/10 pain complaints were reported. The applicant's medications included Neurontin, tramadol, Prilosec, tizanidine, and Flexeril, it was reported. On August 27, 2015, the applicant was again placed off of work, on total temporary disability. The attending provider suggested that previously prescribed Lyrica had proven beneficial and seemingly suggested reintroducing the same. The applicant was also using tramadol, Neurontin, Prilosec, tizanidine, Flexeril, and Tylenol with Codeine, it was stated in another section of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50 mg Qty 60 with no refill: 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): 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 post-herpetic neuralgia and/or pain associated with diabetic neuropathic pain and, by analogy, is indicated in the treatment of neuropathic pain complaints in general, as was seemingly present here in the form of the applicant's lumbar radicular pain complaints, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the August 27, 2015 office visit at issue suggested that the applicant was asked to restart Lyrica. It was not clearly stated why the attending provider intended for the applicant to employ two separate anticonvulsant adjuvant medications, Lyrica and gabapentin, in concert. Therefore, the request was not medically necessary.