

Case Number:	CM15-0208766		
Date Assigned:	10/27/2015	Date of Injury:	04/21/2006
Decision Date:	12/10/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/22/2015

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:

The injured worker is a 58 year old male who sustained an industrial injury on April 21, 2006. The worker has been previously deemed permanent and stationary. The worker is being treated for: low back and left leg complaints; chronic pain, left post laminectomy syndrome, facet arthropathy, and lumbar stenosis. Subjective: July 10, 2015 he reported the symptoms remained persistent since last visit. He states "low back pain constant accompanied by left leg numbness, burning pain." He further states "increased pain in the past few weeks when rising from a seated position." The pain awakens him during the night. Objective: July 10, 2015 noted lumbar spine with tenderness to palpation and left side spasms. Medication: July 10, 2015, August 14, 2015, September 08, 2015: Tramadol, Lyrica, Duloxetine, and Butrans patches. Treatment: DME cane with ambulation, DME corset with ambulation, spinal cord stimulator, 6 sessions physical therapy, TFESI left L3 and 4 May 16, 2014, pain management psychology, surgery. On October 13, 2015 a request was made for Lyrica capsules 150mg daily supply #30, #60 that was non-certified with recommendation for weaning by Utilization Review on October 16, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg, #60 (30 day supply): Overturned

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: The patient presents on 09/08/15 with lower back and left lower extremity pain rated 5/10 with medications, 8/10 without medications. The patient's date of injury is 04/21/06. Patient is status post lumbar laminectomy and fusion at L4-S1 levels in 2000. The request is for LYRICA 150MG, #60 (30 DAY SUPPLY). The RFA is dated 10/13/15. Physical examination dated 09/08/15 reveals tenderness to palpation of the bilateral mid-to-lower lumbar paraspinal musculature, left SI joint. The provider also notes decreased sensation to light touch in the C6 and C8 dermatomal distributions bilaterally, and decreased sensation in the L4 and L5 distributions on the left. The patient is currently prescribed Lyrica, Duloxetine, Tramadol, and Butrans patches. Patient is currently not working. MTUS Guidelines, Antiepilepsy drugs (AEDs) section, page 19-20, under Lyrica states: "Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and post-herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. This medication also has an anti anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder." In regard to the continuation of Lyrica, the request is appropriate. This patient presents with chronic neurological pain secondary to significant surgical history in the lumbar spine. Progress note dated 09/08/15 documents that this patient experiences pain relief through the combination of medications and rest, though does not specifically mention Lyrica. It is indicated that this patient utilizes Lyrica for his baseline neuropathic pain and Tramadol as needed for breakthrough pain. Given the conservative nature of this medication and the documentation of pain relief attributed to medications, continuation is substantiated. The request IS medically necessary.