

Case Number:	CM15-0209372		
Date Assigned:	10/28/2015	Date of Injury:	01/03/1998
Decision Date:	12/15/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/23/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 48 year old male, who sustained an industrial injury on 1-03-1998. The injured worker was diagnosed as having post laminectomy syndrome. Treatment to date has included diagnostics, lumbar spinal surgery, mental health treatment, weight loss program, and medications. Many progress reports were handwritten and difficult to decipher, including the pain management progress report dated 10-01-2015. Currently (10-01-2015), the injured worker complains of low back pain and pain in both feet. Pain was rated 9 out of 10, not specified with or without medications (rated 6-7 with medication and 9 without on 8-06-2015). He was not working. Objective findings regarding the lumbar spine noted decreased and painful, positive straight leg raise in the right lower extremity, and decreased sensation in the right L5 and S1 dermatomes. Function with activities of daily living was not described. Current medication regimen was not noted. The use of Lyrica was referenced on 12-17-2012. On 10-09-2015 Utilization Review non-certified a request for Lyrica 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100 MG #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: Lyrica (pregabalin) is a medication in the antiepilepsy class. The MTUS Guidelines and FDA support its use in treating diabetic neuropathy, postherpetic neuralgia, fibromyalgia, and partial seizures. It can have euphoric and anti-anxiety side effects. When this medication is no longer providing benefit, the Guidelines support weaning over one week to avoid withdrawal effects. The submitted and reviewed documentation indicated the worker was experiencing lower back pain and pain in both legs and feet. There was no suggestion the worker had any of the above conditions. Further, there was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 60 tablets of Lyrica (pregabalin) 100mg is not medically necessary. A one-week wean should be able to be accommodated in the medication the worker already had available.