

Case Number:	CM15-0209958		
Date Assigned:	10/28/2015	Date of Injury:	09/01/2000
Decision Date:	12/09/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/26/2015

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 September 01, 2000. The worker is being treated for degenerative disc disease both cervical and lumbar spine. Subjective: August 24, 2015 he reported awakening in the morning with "very stiff hands." He states taking Gabapentin, but "it doesn't help like the Lyrica." He reports having difficulty obtaining medications due to denials. Medication: August 24, 2015: Celebrex, Gabapentin, and Hydrocodone APAP and plan to start Lyrica 75mg and discontinue Gabapentin. On October 14, 2015 a request was made for Lyrica 75mg TID that was noncertified, and Hydrocodone 10mg 325mg #180 that was modified by Utilization Review on October 21, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75 mg 1 cap tid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Review indicates the request for Lyrica was non-certified. There is no identified quantity noted. Lyrica has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Submitted reports have adequately demonstrated the specific symptom; however, Gabapentin was discontinued due to its non-efficacy and Lyrica was started. It would appear Lyrica may be appropriate for a trial conservative approach given the failed Gabapentin; however, current request has no quantified amount specified to support for unlimited use of medication. Additionally, further consideration would be based on functional benefit from treatment rendered for this chronic 2000 injury. The Lyrica 75 mg 1 cap tid is not medically necessary and appropriate.