

Case Number:	CM15-0023614		
Date Assigned:	02/13/2015	Date of Injury:	05/16/2013
Decision Date:	03/27/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/09/2015

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:

This 65 year old woman sustained an industrial injury on 5/16/2013. The mechanism of injury is not detailed. Current diagnoses include lumbar spinal stenosis L4-L5 anterolisthesis, cervical spondylosis, right carpal tunnel syndrome, right supraspinatus full thickness tear with retraction. Treatment has included oral medications. Orthopedic notes dated 1/12/2014 show low back and cervical spine pain. A request has been made for right shoulder surgery and approval is being awaited. The worker states she does not feel her pain is under control. Recommendations include refilling medications including Lyrica. Lyrica's indication is noted "as needed for neuropathic pain". On 1/30/2015, Utilization Review evaluated a prescription for Lyrica 75 mg take one by mouth three times per day #90 with no refills for management of symptoms related to lumbar spine and wrist, that was submitted on 2/3/2015. The UR physician noted there is no indication of neuropathic pain. No electrodiagnostic studies have shown this and there has been no neck or back surgery performed. Rather, it appears that Lyrica is being used to treat degenerative arthritis. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #90 with no refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Pregabalin (Lyrica), page 100.

Decision rationale: Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This anti-epileptic medication may be helpful in the treatment of radiculopathy and would be indicated if there is documented significant benefit. It appears the medication has been prescribed for quite some time; however, there is no documented functional improvement as the patient continues with constant severe significant pain level and remains functionally unchanged for this chronic injury. Submitted medical report has not adequately demonstrated indication and functional benefit to continue ongoing treatment with this anti-epileptic. The Lyrica 75mg #90 with no refills is not medically necessary and appropriate.