

Case Number:	CM15-0213067		
Date Assigned:	11/02/2015	Date of Injury:	06/30/2014
Decision Date:	12/23/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/29/2015

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, Ohio, 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 55 year old male, who sustained an industrial injury on June 30, 2014, incurring low back, right shoulder, left elbow and bilateral knee injuries. He was diagnosed with lumbar disc disease, lumbar radiculitis, right shoulder impingement syndrome and tendinitis, right and left knee lateral epicondylitis and lateral epicondylitis of the left elbow. Treatment included physical therapy, trigger point injections, lumbar epidural steroid injection, sacroiliac joint injections, modified work duties, pain medications, anti-inflammatory drugs, neuropathic medications and muscle relaxants. Currently, the injured worker complained of severe low back pain rated 8 out of 10 on a pain scale from 0 to 10. His pain was sharp and stabbing with stiffness, numbness, tingling weakness, cramping and radiating to the right leg. He noted increased left elbow and left knee pain but had relief from his medications. Upon examination he was noted as having sacroiliac joint pain and right shoulder pain with spasms. He continued with his medication management regimen. The treatment plan that was requested for authorization included a prescription for Lyrica 75 mg #30. On October 15, 2015, a request for a prescription for Lyrica was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg 1 tab each night #30: 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: MTUS discusses anti-epilepsy drugs in detail, noting that this category of medications may be beneficial for neuropathic pain. The records in this case do not clearly document a neuropathic pain diagnosis, nor do the records clearly document specific improvement or benefit from past use of this medication. For these reasons, this request is not medically necessary.