MAXIMUS Federal Services

Case Number:	CM15-0217669		
Date Assigned:	11/09/2015	Date of Injury:	08/28/2000
Decision Date:	12/24/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/05/2015

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 57 year old male sustained an industrial injury on 8-28-00. Documentation indicated that the injured worker was receiving treatment for lumbar post laminectomy syndrome with stenosis and spondylolisthesis, chronic pain syndrome and depression. Previous treatment included lumbar fusion (2011), hardware removal (May 2014), failed spinal cord stimulator trial, physical therapy, epidural steroid injections, trigger point injections, facet injections and medications. In a PR-2 dated 12-31-14, the injured worker complained of low back and gluteal pain with radiation to bilateral lower extremities, rated 10 out of 10 without medications and 9 out of 10 with medications, associated with burning and numbness. Physical exam was remarkable for lumbar spine with tenderness to palpation and severe muscle spasms and range of motion: bilateral rotation 15 degrees, extension 0 degrees and flexion 45 degrees with severe pain. Current medications included Kadian, Ibuprofen, Norco and Lyrica. In PR-2's dated 2-19-15, 3- 22-15, 3-23-15, 4-21-15 and 5-19-15, the injured worker rated his pain 10 out of 10 without medications and 5 to 6 out of 10 with medications. In a PR-2 dated 7-15-15, the injured worker stated that Lyrica was "very helpful, I feel better than I ever have". In a PR-2 dated 10-12-15, the injured worker complained of worsening low back pain with radiation to bilateral lower extremities, rated 10 out of 10 on the visual analog scale without medications and 7 out of 10 with medications. Physical exam was remarkable for lumbar spine with tenderness to palpation to the spinous process, paraspinal area, piriformis, quadratus, sciatic notch and gluteals and pain upon range of motion at bilateral lateral flexion 10 degrees, bilateral rotation 30 degrees, extension 10 degrees and flexion 55 degrees. The treatment plan included

continuing medications (Lyrica, Ibuprofen, Omeprazole and Buprenorphine). On 10-26-15, Utilization Review modified a request for Lyrica 50mg #180 with one refill to Lyrica 50mg #45 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lyrica 50mg #180 with 1 refill: 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 10/12/15 with lower back pain rated 7/10 with medications, 10/10 without medications. The patient's date of injury is 08/28/00. Patient is status post L5-S1 lumbar fusion in 2011 with subsequent hardware removal in 2014. The request is for 1 prescription of Lyrica 50mg #180 with 1 refill. The RFA was not provided. Physical examination dated 10/12/15 reveals tenderness to palpation of the lumbar spinous processes, paraspinal musculature, gluteal muscles, piriformis muscles, quadratus muscles, sciatic notch, and positive straight leg raise test bilaterally. The patient is currently prescribed Ibuprofen, Lyrica, Buprenorphine, Morphine, and Naproxen. Patient is currently classified as permanent and stationary. 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, and has been prescribed Lyrica long-term. Addressing the efficacy of Lyrica, progress note 10/12/15 has the following statement from the patient: "The Lyrica is very helpful, I feel better than I ever have." The provider also notes that this patient's pain is reduced by approximately 30% through the use of medications, though does not specifically mention Lyrica. Given the conservative nature of this medication and the documentation of pain relief and functional improvement attributed to medications, continuation is substantiated. The request is medically necessary.