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| Case Number: | CM15-0222472 | | |
| Date Assigned: | 11/18/2015 | Date of Injury: | 03/01/2012 |
| Decision Date: | 12/30/2015 | UR Denial Date: | 10/16/2015 |
| Priority: | Standard | Application Received: | 11/12/2015 |

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: New Jersey

Certification(s)/Specialty: Family Practice

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 49 year old male, who sustained an industrial injury on 3-1-2012. Medical records indicate the worker is undergoing treatment for lumbar radiculopathy and status post lumbar interbody fusion on 7-8-2015. A recent progress report dated 9-29-2015, reported the injured worker reported improvement since surgery with decreased pain and left leg improvement. Physical examination was not provided on this visit. Electromyography (EMG) from January 2015 reported low grade left lumbar 5 radiculopathy Treatment to date has included physical therapy and medication management. On 10-12-2015, the Request for Authorization requested Lyrica 75mg at hour of sleep. On 10-16-2015, the Utilization Review noncertified the request for Lyrica 75mg at hour of sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg qhs: 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: The MTUS Guidelines state that anti-epilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, there is a recent report of significant improvement in pain following lumbar fusion surgery with the ability to stop Norco. The provider suggested the worker continue to use Neurontin and Tramadol, but also recommended the worker take "Lyrica 75mg one tablet twice a day." It is unclear why both Lyrica and Neurontin were recommended for use on a daily basis, especially if Neurontin was helping, and there was no evidence to suggest it was not helping sufficiently alone. Therefore, without more explanation for this request for Lyrica, it will be regarded as medically unnecessary at this time.