

Case Number:	CM15-0222795		
Date Assigned:	11/18/2015	Date of Injury:	01/20/1998
Decision Date:	12/30/2015	UR Denial Date:	11/04/2015
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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 54 year old female, who sustained an industrial injury on 01-20-1998. A review of the medical records indicates that the worker is undergoing treatment for chronic multifactorial industrial based cervical pain with left cervical radicular component, low back pain and degenerative joint disease of the right knee. Treatment has included Baclofen, Celebrex, Hydrocodone-APAP, Ibuprofen, Methadone, Naproxyn, Neurontin, Relafen, Toradol, Tramadol, Wellbutrin, Vioxx, Lyrica (since at least 2014), Norco, Subjective complaints (07-23-2015) showed left sided neck, shoulder and upper extremity pain rated as 7 out of 10 on average and 8 out of 10 at worst. Medications were noted to provide 50% improvement in pain. The physician noted that Norco augmented by Lyrica was providing moderate benefit for neuropathic modulation. Subjective complaints (09-21-2015) included left sided neck, shoulder and upper extremity pain rated as 3 out of 10 on average and 5 out of 10 at worst. The physician noted that without Norco augmented by Lyrica for neuropathic pain, the worker would be bedridden. Objective findings showed difficulty ambulating with left antalgic gait, limited range of motion of the cervical spine and marked subjective tenderness along the left suboccipital region of the skull, proximal left aspect, left trapezius, left levator scapulae, left chest wall, left medial scapular border through the left triceps and biceps brachia. Subjective complaints (10-14-2015) included left sided neck, shoulder and upper extremity pain rated as 2-8 out of 10 average pain. Percentage improvement from pain medication was documented as 50-75%. No abnormal objective examination findings were documented. A utilization review dated 11-04-2015 modified a request for Lyrica 75 mg #120 with 4 refills to certification of Lyrica 75 mg #120 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg quantity 120 with four refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica).

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

Decision rationale: Per the CA MTUS Chronic Pain Treatment Guidelines page 19, Specific Anti-Epilepsy Drugs, Pregabalin is indicated for diabetic painful neuropathy and postherpetic neuralgia and is considered first line treatment for neuropathic pain. In this case, the exam note from 9/21/15 does demonstrate evidence of neuropathic pain, percentage pain relief, the duration of relief, increase in function or increased activity. Therefore medical necessity has been established, and determination is for certification.