

Case Number:	CM15-0037454		
Date Assigned:	03/05/2015	Date of Injury:	12/08/2003
Decision Date:	04/20/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/27/2015

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:

The injured worker is a 58 year old male, who sustained an industrial injury on 12/8/2003. The diagnoses have included cervical fusion C5-7, multilevel facet arthropathy, L5-S1 disc pain and lumbar radiculitis. Treatment to date has included medication. According to the Primary Treating Physician's Progress Report dated 1/5/2015, the injured worker complained of falling issues due to poor balance and chronic neck pain, upper and low back pain and frequent spasm. He also complained of left greater than right hip pain and right greater than left heel pain. Physical exam revealed a stooped posture and slow ambulation with a cane. There was hypertonicity at the paraspinal muscles. Left shoulder range of motion was diminished. Current medications included Effexor XR, Motrin and Neurontin 800mg. On 2/4/2015 Utilization Review (UR) non-certified a request for Lyrica 800mg #90. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19 and 20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS Medications for chronic pain Page(s): 19-20, 60.

Decision rationale: This patient presents with right knee, neck/upper back, and low back pain with frequent spasms. The current request is for Lyrica 800 mg #90. MTUS Guidelines page 19-20 has the following regarding pregabalin-Lyrica: pregabalin-Lyrica, no generic available, 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. In this case, the patient presents with chronic neck, and shoulder pain. Examination revealed slow ambulation, tight/guarding posture, and hypertonicity, DTR +2 symmetrical, decreased range of motion of the shoulder, tenderness with palpation. There is no indication of radicular symptoms to utilize the medication Lyrica. Furthermore, the patient has been prescribed Lyrica since at least 10/08/2014 with no documentation of medication efficacy. MTUS page 60 requires documentation of pain and function when medications are used for chronic pain. The requested Lyrica IS NOT medically necessary.