

Case Number:	CM15-0045755		
Date Assigned:	03/18/2015	Date of Injury:	10/01/1999
Decision Date:	04/23/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/10/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 46-year-old male, who sustained a work/ industrial injury on 10/1/99. He has reported initial symptoms of back pain. The injured worker was diagnosed as having lumbar spinal stenosis, Degenerative Disc Disease (DDD), lumbar facet syndrome. Treatments to date included medications, epidural steroid injections, physical therapy, home exercises, and activity modification. Currently, the injured worker complains of low back pain with radiation to both lower extremities with pain reported at 6/10 with medication and 10/10 without. The treating physician's report (PR-2) from 1/12/15 indicated per examination that reflexes and sensation were normal. There was tenderness with palpation at L5-S1, positive straight leg raise (SLR), and diminished strength in both lower extremities. Medications included Gabapentin, Percocet, Tramadol HCL, Trazodone, and Lyrica. Treatment plan included referral for neurosurgical and gastrointestinal consult, further diagnostics, and Lyrica (pregablin) 150mg QTY: 60.00 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica (pregablin) 150mg QTY: 60.00 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); Pregabalin (Lyrica) Page(s): 16-17; 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-epilepsy drugs (AEDs) for pain.

Decision rationale: ODG states that Pregabalin 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. Pregabalin was also approved to treat fibromyalgia. Pregabalin has also been associated with many side effects including edema, CNS depression, weight gain, and blurred vision. Somnolence and dizziness have been reported to be the most common side effects related to tolerability. MTUS additionally comments that pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. While considered an AED pregabalin is indicated for neuropathic pain related to local pathology, i.e. DPN and post-herpetic neuralgia. There are no approved indications for this medication in the treatment of radiculopathies secondary to spinal injury. As an AED there is potential for use in this situation "off label" but that would require failure to be documented from the use of more appropriate first line AED's. There is a single notation within the available medical record of gabapentin being associated with ankle edema but there is no objective documentation of benefits sustained or failure of this AED, there is also no documentation of any other appropriate first line medications for the treatment of radicular pain such as SNRI's or TCA's. As such, the request for Lyrica 150 mg x60 is deemed not medically necessary.