MAXIMUS Federal Services

Case Number:	CM15-0051957		
Date Assigned:	03/25/2015	Date of Injury:	12/04/2008
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/19/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 63-year-old who has filed a claim for chronic low back, knee, and leg pain reportedly associated with an industrial injury of December 4, 2008. In a Utilization Review Report dated February 20, 2015, the claims administrator failed to approve a request for Lyrica. A February 16, 2015 RFA form was referenced in the determination. The applicant's attorney subsequently appealed. On September 8, 2014, the applicant was placed off of work, on total temporary disability, for the next six months. Ongoing complaints of low back pain radiating into right leg were noted. The applicant was using Celebrex, Lyrica, Plaquenil, Nexium, Tylenol, Percocet, melatonin, Atrovent, Spiriva, Flonase, Soma, and Xanax, it was acknowledged, as of this point in time. Multiple progress notes interspersed throughout mid and late 2014 suggested that the applicant remained off of work, on total temporary disability, despite ongoing Lyrica usage. On September 19, 2014, the applicant reported ongoing complaints of low back pain radiating into leg, reportedly attributed to herniated disk. The applicant was again placed off of work, on total temporary disability. The applicant was using a variety of medications, including Lyrica and Percocet, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica (Pregabalin) 150 mg capsules, twice a daily, Qty 60 and 1 year supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for Lyrica (pregabalin), an anti-convulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is indicated in the treatment of diabetic neuropathic pain, pain associated with postherpetic neuralgia, and, by implication, neuropathic and/or radicular pain complaints, as were present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant remained off of work, on total temporary disability, it was suggested on multiple progress notes of mid and late 2014, referenced above, despite ongoing Lyrica usage. Ongoing usage of Lyrica failed to curtail the applicant's dependence on opioid agents such as Percocet. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lyrica. Therefore, the request was not medically necessary.