

Case Number:	CM15-0082541		
Date Assigned:	05/04/2015	Date of Injury:	09/07/2009
Decision Date:	06/03/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/30/2015

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: North Carolina

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 33 year old male who sustained an industrial injury on 09/07/2009. Current diagnoses include lumbar spine sprain/strain, lumbar disc bulges, lumbar radiculitis, lumbar facet joint pain, sacroiliac joint pain, transitional lumbosacral anatomy, and opioid dependence. Previous treatments included medication management, physical therapy, acupuncture, chiropractic treatments, and TENS unit. Report dated 03/12/2015 noted that the injured worker presented with complaints that included lumbar spine pain radiating to the left lower extremity. Pain level was 7 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Current medication regimen includes Methadone, Lyrica, and diclofenac. The treatment plan included continue with medications and request for bilateral sacroiliac joint injection. Disputed treatments include Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #60, 1 q 12 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter; National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica
Page(s): 19.

Decision rationale: Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. (Blommel, 2007) This medication also has an anti-anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia. (ICSI, 2007) (Tassone, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Crofford, 2005) (Stacey, 2008) The patient does not have the diagnoses of diabetic neuropathy, fibromyalgia or post herpetic neuropathy. There is no documentation of failure of other first line agents for peripheral neuropathy. Therefore guideline recommendations have not been met and the request is not certified. Therefore, the requested treatment is not medically necessary.