MAXIMUS Federal Services

Case Number:	CM15-0085181		
Date Assigned:	05/07/2015	Date of Injury:	09/19/1997
Decision Date:	06/12/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/04/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 48 year old male, who sustained an industrial injury on 09/19/1997. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy, spinal stenosis of the lumbar region without neurogenic claudication, osteoarthrosis of the bilateral knees, rule out bilateral meniscus injuries, lumbar disc displacement without myelopathy, lumbago, left plantar fascial fibromatosis, and long term use of other medications. Treatment to date has included physical therapy, status post left total knee replacement, status post left knee arthroscopy, use of ankle foot arthrosis, and medication regimen. In a progress note dated 04/02/2015 the treating physician reports continued left knee issues involving the knee to be drained on multiple occasions. The injured worker also has complaints of multi-focal pain to the entire body. The pain is rated a 3 to 7 out of 10 on a 0 to 10 pain scale. The documentation notes that the injured worker is on the medication Lyrica but at the current dose of 50mg which is not assisting with the burning pain to the legs along with the injured worker noting breakthrough pain during the day and night. The treating physician requested Lyrica 75mg with a quantity of 270 to evaluate the neuropathic pain management at this increased dose.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75 mg Qty 270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica); Opioids Page(s): 19-20, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 16-22.

Decision rationale: Lyrica (pregabalin) is a medication in the anti-epilepsy class. The MTUS Guidelines and FDA support its use in treating diabetic neuropathy, postherpetic neuralgia, fibromyalgia, and partial seizures. It can have euphoric and anti-anxiety side effects. When this medication is no longer providing benefit, the Guidelines support weaning over one week to avoid withdrawal effects. The submitted and reviewed documentation indicated the worker was experiencing left knee swelling. There was no suggestion the worker had any of the above conditions. Further, there was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 270 tablets of Lyrica (pregabalin) 75mg with one refill is not medically necessary. A one-week wean should be able to be accommodated in the medication the worker already had available.