

Case Number:	CM15-0087189		
Date Assigned:	06/11/2015	Date of Injury:	11/03/1998
Decision Date:	07/13/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/06/2015

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: Connecticut, California, Virginia
 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 injured worker is a 52 year old male, who sustained an industrial injury on 11/3/98. He reported pain in back while carrying a 60 pound roll of carpet. The injured worker was diagnosed as having chronic low back pain, chronic use of opiate drugs, lumbosacral neuritis, lumbosacral disc degeneration and lumbosacral spondylosis. Treatment to date has included oral medication, including tramadol, Lyrica, Atarax; topical medications including Lidoderm patch, lumbar epidural injection, home exercise program and activities as tolerated. Currently, the injured worker complains of low back pain rated 6/10, the pain radiates to the left high, left calf, right thigh and right calf and is described as aching, burning and stinging. He states his symptoms are worsening. Physical exam noted tenderness to paravertebral muscles L3-S1 and spasm with decreased range of motion and left hip exam noted moderate tenderness over the anterior thigh, femur exam noted moderate and generalized tenderness over right and left with tingling and numbness. A request for authorization was submitted for follow up visit for medications prescriptions: Naprosyn, Lyrica, Trazodone, Senna, Butrans, Norco and Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica/Pregabalin Page(s): 19-20.

Decision rationale: The MTUS discusses use of Lyrica (pregabalin) in chronic pain as it 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. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. 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 this case, prior use of the drug has occurred without evidence of functional improvement, which led to previous non-certification by utilization review. Utilization review has subsequently non-certified the request on this occasion because another trial is unlikely to produce marked improvement given the lack of success with the drug previously. This is reasonable based on the provided documents, and therefore the request is not medically necessary.