

Case Number:	CM15-0235613		
Date Assigned:	12/11/2015	Date of Injury:	08/16/1999
Decision Date:	01/21/2016	UR Denial Date:	11/17/2015
Priority:	Standard	Application Received:	12/02/2015

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: California

Certification(s)/Specialty: Emergency 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 female, who sustained an industrial injury on 8-16-1999. Medical records indicate the worker is undergoing treatment for chronic cervical radiculopathy versus myofascial pain. The most recent progress report dated 12-16-2015, reported the injured worker complained of left greater than right shoulder numbness, tingling and discomfort. Physical examination revealed generalized irritability with range of motion to the cervical spine with intact motor activity and reflexes. Cervical magnetic resonance imaging from 2013 reported annular tears in the cervical 3-6 levels. Treatment to date has included physical therapy and medication management. The physician is requesting Lyrica 75mg 120 capsules. On 11-17-2015, the Utilization Review noncertified the request for 120 Cap of Lyrica 75 MG.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Cap of Lyrica 75 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: As per MTUS Chronic pain guidelines, Anti-epilepsy drugs (AEDs) may be useful in neuropathic pain but data is limited. Lyrica is FDA approved for diabetic neuropathy and post-herpetic neuralgia only. It is sometimes used off label for other neuropathic pain such as complex regional pain syndrome although evidence to support its use is poor. The provider has not documented why the patient is on a 2nd line drug for claimed neuropathic pains and there is no objective evidence of any benefit from this medication. Documentation does not support the use of a 2nd line medication with no evidence 1st line failure. Lyrica is not medically necessary.