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| Case Number: | CM15-0238875 | | |
| Date Assigned: | 12/15/2015 | Date of Injury: | 08/11/2006 |
| Decision Date: | 01/21/2016 | UR Denial Date: | 11/19/2015 |
| Priority: | Standard | Application Received: | 12/07/2015 |

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 11, 2006. In a Utilization Review report dated November 19, 2015, the claims administrator failed to approve a request for Lyrica. A November 4, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On November 6, 2015, the applicant was described as permanent and stationary status post earlier lumbar spine surgery. The applicant was using Norco for pain relief, the attending provider acknowledged. It was not clearly stated whether the applicant was or was not working with said limitation in place. No seeming discussion of medication efficacy transpired on this date. On a handwritten note dated November 4, 2015, Norco, Lyrica, and Soma were all seemingly endorsed. Ongoing issues with low back pain radiating into legs was reported. Once again, it was not clearly stated whether the applicant was or was not working on this date. The applicant was described as getting gradually worse over time. A spine surgery consultation was suggested. No seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Lyrica 300mg, #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica), Introduction.

Decision rationale: No, the request for Lyrica (pregabalin), an anticonvulsant 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 FDA-approved in the treatment of diabetic neuropathic pain and/or pain associated with post-herpetic neuralgia and, by analogy, can be employed in the treatment of neuropathic pain complaints in general, as was present here in the form of the applicant's lumbar radiculopathy, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the attending provider reported on November 4, 2015 that the applicant was getting gradually worse over time. No seeming discussion of medication efficacy transpired. Ongoing usage of Lyrica failed to curtail the applicant's dependence on opioid and non-opioid agents such as Norco and Soma, the attending provider acknowledged. A November 6, 2015 office visit did not clearly state whether the applicant was or was not working with permanent limitation in place. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Lyrica (pregabalin). Therefore, the request was not medically necessary.