

Case Number:	CM13-0066079		
Date Assigned:	01/03/2014	Date of Injury:	05/22/2007
Decision Date:	09/25/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/16/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in North Carolina. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53-year-old with a reported date of injury of 05/22/2007. The patient has the diagnoses of lumbar facet syndrome, spinal/lumbar degenerative disc disease, cervical radiculopathy and cervical disc disorder. Previous treatment modalities have included lumbar surgery, epidural steroid injections and pain medication. Per the most recent progress notes provided by the primary treating physician dated 12/16/2013, the patient had complaints of back pain radiating from the low back down the left leg. The pain was reported as improved since prior visit. The physical exam noted restricted range of motion in the lumbar spine with paravertebral tenderness to palpation, positive lumbar facet loading bilaterally and right SI joint tenderness. Sensory exam showed decreased light touch sensation over the index finger, middle finger, anterior thigh, lateral forearm and L4-S1 left dermatome. Treatment recommendations included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF LYRICA 100MG #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 99.

Decision rationale: The California chronic pain medical treatment guidelines section on Lyrica states: "Pregabalin (Lyrica) 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. Pregabalin was also approved to treat fibromyalgia. See Anti-epilepsy drugs (AEDs) for general guidelines, as well as specific Pregabalin listing for more information and references. Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants. It is recommended for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006) The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. Outcome: A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." This patient does not have the diagnosis of diabetic neuropathy or postherpetic neuralgia but does have the diagnosis of neuropathic pain. Per the progress reports the patient could not even touch her leg due to sensitivity and pain prior to Lyrica. The Lyrica reportedly has decreased her neuropathic pain and has had no adverse effects. The documentation has met criteria as listed above for continued use of the medication and is medically necessary.