

Case Number:	CM14-0112062		
Date Assigned:	08/01/2014	Date of Injury:	06/11/2009
Decision Date:	09/30/2014	UR Denial Date:	07/04/2014
Priority:	Standard	Application Received:	07/18/2014

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 Physical Medicine and Rehabilitation, Pain Medicine and is licensed to practice in California. 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 injured worker is a 66-year-old female who reported an injury due to removing racks of wine glasses from a dishwasher on 06/01/2009. On 02/11/2014, the clinical impressions included status post successful lumbar fusion, improved low back pain complaints, spread of lower extremity pain complaints to bilateral legs and feet, no evidence of postoperative radiculopathy, complaints of stressful situation induced incontinence, apparent improvement or resolution of preoperative depression, and clinically improved but with residual functional limitations. Her medications included Advil of an unknown dose. Her lumbar spine ranges of motion measured in degrees were extension 5/15, flexion 20/60, right and left rotation 10/45, and lateral bending on both sides 12/45. Her complaints include constant lower extremity pain. She also reported lower back pain which had improved subsequent to her surgery. There was no rationale or Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrice (pregabalin) 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Vicodin and Opioids for Chronic Pain. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine 2nd Edition (2004).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antiepilepsy drugs (AEDs) Pregabalin (Lyrica) Page(s): 16-22, 99.

Decision rationale: Per the California MTUS Guidelines, antiepileptic drugs are recommended for neuropathic pain. Most randomized control trials for the use of this class of medications for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with diabetic polyneuropathy being the most common. Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, and has FDA approval for both indications. It is considered a first line treatment for both. It has also been approved to treat fibromyalgia. There is no evidence in the submitted documentation that this worker has diabetic neuropathy, postherpetic neuralgia or fibromyalgia. The need for Lyrica has not been clearly demonstrated in the submitted documentation. Additionally, there was no frequency of administration specified in the request. Therefore, this request for Lyrica (Pregabalin) 50mg is not medically necessary.