

Case Number:	CM14-0114486		
Date Assigned:	08/04/2014	Date of Injury:	10/25/2011
Decision Date:	09/19/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/21/2014

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 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:

This 45 year-old patient sustained an injury on 10/25/11 while employed by [REDACTED]. Request(s) under consideration include Lyrica 75mg #100. Diagnoses include lumbar disc displacement. Report of 6/13/14 from the provider noted the patient with continued ongoing low back and lower extremities pain with numbness in right foot. There is report of right testicular pain. Exam showed tenderness in paralumbar regions; limited range and movement of low back; decreased sensation at dorsal and lateral right foot and toes; positive SLr at 75 degrees with decreased ankle reflexes. Conservative care has included therapy, medications, facet blocks, modified activity/reset and s/p discectomy/ laminectomy. Recent review of 5/27/14 recommended modifying Lyrica request to taper off as no symptom or functional improvement seen as a result of its continued use. The request(s) for Lyrica 75mg #100 was non-certified on 7/9/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (pregabalin) and Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 100.

Decision rationale: This 45 year-old patient sustained an injury on 10/25/11 while employed by [REDACTED]. Request(s) under consideration include Lyrica 75mg #100. Diagnoses include lumbar disc displacement. Report of 6/13/14 from the provider noted the patient with continued ongoing low back and lower extremities pain with numbness in right foot. There is report of right testicular pain. Exam showed tenderness in paralumbar regions; limited range and movement of low back; decreased sensation at dorsal and lateral right foot and toes; positive SLR at 75 degrees with decreased ankle reflexes. Conservative care has included therapy, medications, facet blocks, modified activity/reset and s/p discectomy/ laminectomy. Recent review of 5/27/14 recommended modifying Lyrica request to taper off as no symptom or functional improvement seen as a result of its continued use. The request(s) for Lyrica 75mg #100 was non-certified on 7/9/14. 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. This anti-epileptic medication may be helpful in the treatment of radiculopathy and would be indicated if there is documented significant benefit. It appears the medication has been prescribed for quite some time; however, there is no documented functional improvement as the patient continues with constant significant pain level. The clinical exams submitted have no documented specific changed neurological deficits. Submitted medical reports have not adequately demonstrated indication and functional benefit to continue ongoing treatment with this anti-epileptic. The Lyrica 75mg #100 is not medically necessary and appropriate.