MAXIMUS Federal Services

Case Number:	CM14-0116306		
Date Assigned:	08/04/2014	Date of Injury:	01/26/2012
Decision Date:	10/14/2014	UR Denial Date:	07/04/2014
Priority:	Standard	Application Received:	07/24/2014

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 & Rehabilitaiton, and is licensed to practice in Texas & Oklahoma. 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 32 year old male who reported an injury on 01/26/2012. The mechanism of injury was not specified. The diagnoses included chronic pain syndrome, narcotic dependency, cervical sprain/strain, cervical radiculitis, thoracic sprain/strain, lumbar sprain/strain and left shoulder impingement. Past treatments include medications. Diagnostic tests included a nerve study on 04/23/2013 that showed mild right median and ulnar sensory neuropathy and severe left ulnar sensory neuropathy. There was an MRI of the cervical spine that showed disc degeneration at C2-6 with no date provided. There was no surgical history provided. On 06/23/2014 the injured worker complained of bilateral elbow numbness that radiated to his hands into the 5th digit, increased pain in the neck, decreased range of motion, and weakness in his arms. The physical exam findings noted the injured worker had diffuse spine tenderness through the mid thoracic region and 2 trigger points in the mid thoracic spine with radiating pain. His cervical spine had decreased range of motion due to pain and dysesthesia to pinwheel was noted in the C8 dermatomes bilaterally. Medications included Norco 10/325mg and Lyrica 75mg. The treatment plan noted a medication management authorization request for Norco 10/325mg and Lyrica 75mg. The rationale for the request was for radicular symptoms. The request for authorization form for Lyrica 75mg capsules UD was provided on 06/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg capsules UD - unknown quantity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179,Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 12th Edition (web) 2014, Neck and Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Page(s): 16-17, 19-20..

Decision rationale: The request for Lyrica 75mg capsules UD with an unknown quantity is not medically necessary. The injured worker has a history of chronic pain syndrome in his cervical, thoracic and lumbar spine and shoulder. The California MTUS guidelines state anti-epilepsy drugs are recommended and documented to be effective in the treatment of neuropathic pain. The injured worker complained of elbow numbness that radiated to his hands, increased pain in the neck, decreased range of motion, and weakness in his arms. The guidelines state after the initiation of treatment with Lyrica there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. Therefore, the need for ongoing use of Lyrica cannot be established as there is a lack of clear evidence of functional improvement and a detailed pain assessment. Lastly the request does not specify the quantity and frequency of the medication. As such, the request for Lyrica 75mg capsules UD with an unknown quantity is not medically necessary.