MAXIMUS Federal Services

Case Number:	CM14-0119218		
Date Assigned:	08/06/2014	Date of Injury:	01/30/2005
Decision Date:	12/31/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/29/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 31 year old female employee with date of injury of 1/30/2005. A review of the medical records indicate that the patient is undergoing treatment for status post lumbar fusion, symptomatic hardware lumbar spine (status post removal), chronic low back pain, myofascial pain syndrome/urinary retention of unknown origin possibly secondary to anterior exposure, right shoulder tendinitis. Subjective complaints include chronic and persistent low back pain and radicular pain radiating down the left leg. Objective findings include physical exam revealing spasms in lumbar region, painful and limited range of motion, positive Lasegue bilaterally; positive leg raise bilaterally at 50; motor weakness bilaterally at 4/5; decreased sensation bilaterally at L4-5 level; pain bilaterally at L4-5 level; S1 radicular pain. Treatment has included home exercise program. Medications have included Ativan, Endocet, Lyrica, Prilosec, and Colace. The utilization review dated 7/8/2014 non-certified the request for Lyrica 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregablin Lyrica Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-epilepsy drugs (AEDs) for pain

Decision rationale: MTUS and ODG state that "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." The treating physician has not provided documentation of greater than 30% decrease in this patient's symptoms to warrant continued use of this mediation as guidelines recommend. There have been previous recommendations to wean this patient from Lyrica the treating physician has provided documentation of ongoing severe pain, even while on this medication. As such, the request for 1 Prescription of Lyrica 50mg #60 is not medically necessary.