

Case Number:	CM14-0123864		
Date Assigned:	08/08/2014	Date of Injury:	10/26/1998
Decision Date:	10/07/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/06/2014

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 Alabama. 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 59 year old male who was injured on 10/26/1998. The mechanism of injury is unknown. Diagnostic studies reviewed include MRI of the cervical spine dated 04/30/2014 demonstrated mild progressive multilevel degenerative disk disease, spondylosis, and arthropathy resulting in various degrees of central canal and foraminal stenosis. Interval report dated 06/30/2014 states the patient presented with complaints of neck pain. He rated his pain as 9-10/10 without medications and 9/10 with medications. He reported upset stomach with oxycodone but not with oxycontin. On exam, he has decreased range of motion in all planes with tenderness to palpation of the lumbar paraspinous area. He has a steady gait and no bony or joint abnormalities. Neck examination revealed tenderness to palpation of the cervical spine and decreased range of motion. The patient is diagnosed with degenerative lumbar disease, postlaminectomy, and brachial neuritis. The patient is recommended for Lyrica 75 mg as per RFA dated 07/22/2014. Prior utilization review dated 07/31/2014 states the request for Lyrica (pregabalin) 75mg capsules #120 is denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica (pregabalin) 75mg capsules #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs); Pregabalin (Lyrica) Page(s): 16-21; 19.

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

Decision rationale: The above MTUS guidelines regarding antiepilepsy drugs including Lyrica states "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. (Eisenberg, 2007) (Jensen, 2006) 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." In this case, note from 6/10/14 states "he is requesting that we take over his Lyrica" and documents Lyrica 75mg four times a day. This is the same dose as documented in notes on 6/30/14 and 7/9/14. Being that Lyrica's onset of action is thought to be less than 2 weeks, the patient has had adequate trial time to determine efficacy of this medication. Note on 6/30/14 states that "his pain level is reported as 9-10/10 without medication and 9/10 with medication." Without documented pain and functional benefit, the request for Lyrica is not medically necessary. Based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.