

Case Number:	CM14-0128405		
Date Assigned:	08/15/2014	Date of Injury:	07/25/2006
Decision Date:	10/23/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/12/2014

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 Pain Management, 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 47 year old male who sustained work-related injuries on July 25, 2006. He had a fall and injured a number of ribs on the right side of his chest wall. Per the March 10, 2014 report, the injured worker continued to complain of back pain and soreness, which has not improved. On examination, he was noted to have a very wide-based gait. Tenderness was noted at the L1-2 segment posteriorly. The lumbar spine x-rays showed evidence of solid anterior fusion from L2 to S1. Advancing arthrosis at the L1-2 segment was noted. There is bone-on-bone apposition at this level with anterior sclerosis at the endplates at L1-2. There are bridging osteophytes laterally and then anteriorly as well as at the L1-2 segment. Compared to the x-rays from a year ago, there has been an accelerated intervertebral collapse at the L1-2 segment. Per the records dated June 2, 2014, the injured worker presented with some pain into his hips. He has been trying to increase his activities of daily living and get his health issues under control. The physical examination findings remained the same. A lumbar spine computed tomography scan was reviewed and showed evidence of a solid arthrodesis from L2 to S1. He has indwelling hardware at the same levels including bilateral intrapelvic fixation. Between L1 and L2, he has severe intervertebral collapse and degenerative changes. This is new and progressive. He has facet arthropathy at L1-2 which creates a moderate degree of spinal stenosis and severe foraminal stenosis. Per the July 23, 2014 records, the treating physician was asked to do a trial with 10% reduction of pain medication which the treating physician agreed to do and will be addressed. Per records dated August 4, 2014, his treating physician reported that the injured worker has had a progressive problem with back pain. His last procedure done in 2009 for pseudoarthrosis has left him with progressive adjacent segment disease, worsening deterioration of function in the lower extremities, and a progressive and deteriorating ability to tolerate exercises and activities on a daily basis. His condition is being controlled with his medications,

but he is not yet stable at this time. The injured worker was noted to have radiating symptoms in his leg and some neuropathic-type of pain. He is diagnosed with L1-2 adjacent level degenerative disease with solid remote fusion from L2 to S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 300 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Mechanisms Antiepilepsy Drugs (AEDs) Page(s): 3, 16.

Decision rationale: Although the injured worker's treating physician noted radiculopathy, the records do not indicate this. The significant objective findings included a very-wide based gait and tenderness on the L1-2 segment posteriorly. He has no major motor deficits in his legs. Evidence-based guidelines indicate that the unique characteristics of neuropathic pain include lancinating, electric shock-like pain, paroxysmal, tingling, numbing, and burning sensations. In this case, the said characteristics were not documented. Objective findings also do not show any indication of neuropathic pain. Lyrica is an anti epilepsy medication that is recommended to treat neuropathic pain. The clinical presentation of the injured worker does not satisfy the indications. Therefore, the medical necessity of the requested Lyrica 300mg #60 is not established.