

Case Number:	CM14-0132346		
Date Assigned:	08/22/2014	Date of Injury:	02/28/1999
Decision Date:	09/30/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/19/2014

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 Nevada. 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 records, presented for review, indicate that this 58-year-old individual was reportedly injured on 2/28/1999. The mechanism of injury was not listed. The most recent progress note, dated 7/31/2014, indicated that there were ongoing complaints of low back pain that radiated in the bilateral lower extremities. The physical examination revealed that the patient used a cane for assistance with ambulation. Spasm was present in the lumbar paravertebral region and tenderness was noted in the right and left lumbar paravertebral regions in the L4-S1 levels. Patrick's test was positive. Limited range of motion was with pain. Straight leg raise test was positive bilaterally at 60. Sensation was decreased. Muscle strength was 5/5 and deep tendon reflexes were 2+. No recent diagnostic studies are available for review. Previous treatment included medications and conservative treatment. A request had been made for Lyrica 150 mg #112 and was not certified in the pre-authorization process on 8/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 150MG #112: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19, 99.

Decision rationale: 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 medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. This medication also has an anti-anxiety effect. After review of the medical records provided, the injured worker does not have a diagnosis associated with the above criteria. Therefore, this request for Lyrica 150mg #112 is not medically necessary.