

Case Number:	CM14-0137071		
Date Assigned:	09/05/2014	Date of Injury:	07/29/2008
Decision Date:	10/14/2014	UR Denial Date:	08/09/2014
Priority:	Standard	Application Received:	08/25/2014

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 Occupational Medicine 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 claimant was injured on 07/29/08 while lifting a patient. Lyrica is under review. She saw [REDACTED] on 03/12/13 for chronic low back pain. She was status post epidural steroid injection on 12/12/12 and also had one on 01/10/12 and she reported 50-60% reduction in her low back pain and sciatic symptoms following the procedure which was about the same as in January. The relief had declined a bit. She had attended a course of chiropractic for 4 visits. She also received some traction which was helpful. She was using a TENS unit twice a day for about an hour. She was using tramadol for pain and reported 40% pain relief. There was no tenderness and no neurologic deficits. She was diagnosed with chronic low back pain with degenerative disc disease, disc herniation, and annular tear at L5-S1 and bilateral sciatic pain right worse than left. She had insomnia, depression, and anxiety. She was prescribed Motrin. On 03/28/13, she was seen again. A trial of traction in therapy as well as a foam wedge had been approved. She had some slight gastric upset with Motrin but no significant side effects of her medications. Her findings were unchanged. A trial of Amitriptyline was recommended. On 08/02/13, she had an AME. She also tried osteopathic treatment and acupuncture. There was little improvement. She had a panel QME on 08/21/13. On 03/25/14, she had an AME. On 04/28/14, she had another Agreed Medical Re-evaluation. On 06/04/14, she saw [REDACTED]. She had low back and right groin pain. She had tried different medications including Ultram, Neurontin, and Soma but had side effects. She was currently on Lyrica. She continued with lumbar spine tenderness and decreased range of motion. Lyrica was continued and acupuncture was ordered for 3 visits. She had an MRI on 06/27/14. There was no change from the previous study in August 2009. On 07/03/14, she reported that acupuncture helped a lot and she had felt much better for 3 months. She was taking Motrin, Lyrica and using Lidoderm patches. On 07/15/14, she saw [REDACTED] and complained of severe back pain with radiation down the right more than left posterior leg. 70%

of the pain was in her back, 20% in her right leg, and 10% her left leg which also was weak at times. She had multiple visits of physical therapy, chiropractic, acupuncture, and a TENS unit and had tried multiple medications. She also had 4 epidural injections with some pain relief for 2 months. She was taking tramadol, Motrin, Lyrica, and lidocaine patches. MRI from June 2014 showed fairly advanced disc desiccation at L5-S1 with a central disc annular tear and small left-sided herniation. There were no pars defects. She had chronic low back pain but was neurologically intact. On 07/22/14, there is a supplemental report which is a review of an imaging study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg #30, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 131.

Decision rationale: The history and documentation do not objectively support the request for Lyrica 50 mg #30 with 3 refills. The MTUS state "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." In this case, there is no clear evidence of neuropathic pain to support the use of Lyrica. There is no documentation of diabetic neuropathy, postherpetic neuralgia, fibromyalgia, or radiculopathy/radiculitis. She is neurologically intact. The claimant's pattern of use of her medications is not described clearly for each one. There is no objective measurable evidence of improvement from the use of this medication. The medical necessity of this request for Lyrica 50 mg with 3 refills has not been clearly demonstrated.