

Case Number:	CM14-0158165		
Date Assigned:	10/01/2014	Date of Injury:	10/02/2012
Decision Date:	10/28/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/26/2014

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 Emergency 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 injured worker is a 43 year-old male, who sustained an injury on October 2, 2012. The mechanism of injury is not noted. Diagnostics have included: May 13, 2014 cervical CT scan reported as showing C5-7 fusion. Treatments to date has included a 2003 cervical fusion, 2011 lumbar fusion, medications, physical therapy, chiropractic, acupuncture, HEP, and TENS. The current diagnoses are brachial neuritis/radiculitis, chronic cervical pain, chronic lumbar pain, status post (s/p) cervical fusion, s/p lumbar fusion, upper and lower extremity radiculopathy. The stated purpose of the request for 1 prescription of Lyrica 50mg was not noted. The request for 1 prescription of Lyrica 50mg was denied on August 30, 2014, citing a lack of documentation of nerve damage neuropathic pain. Per the report dated August 6, 2014, the treating physician noted complaints of neck pain with neuropathic right arm pain, upper back spasms, headaches, low back pain with radiation to both lower extremities. Exam findings included cervical tenderness with restricted range of motion, lumbar tenderness with restricted range of motion, weakness of right upper extremity in the C5-6 dermatomes, and positive bilateral straight leg raising tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lyrica 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

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

Decision rationale: The requested 1 prescription of Lyrica 50mg is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pregabalin, page 99, recommended this medication for the treatment of "neuropathy and postherpetic neuralgia. The injured worker has neck pain with neuropathic right arm pain, upper back spasms, headaches, and low back pain with radiation to both lower extremities. The treating physician has documented cervical tenderness with restricted range of motion, lumbar tenderness with restricted range of motion, weakness of right upper extremity in the C5-6 dermatomes, and positive bilateral straight leg raising tests. The treating physician has documented the presence of radicular neuropathic pain as well as exam findings indicative of radiculopathy. However, the treating physician has not documented duration of treatment or objective evidence of derived functional improvement. The criteria noted above not having been met, 1 prescription of Lyrica 50mg is not medically necessary.