

Case Number:	CM14-0173624		
Date Assigned:	10/27/2014	Date of Injury:	06/05/1994
Decision Date:	12/03/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/21/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 68 years old employee with date of injury 6/5/94. Medical records indicate the patient is undergoing treatment for Chronic Pain Syndrome, Lumbar Degenerative Disk Disease with Lumbar Radiculopathy and Radiculitis. Subjective complaints include pain in the center of the lower back radiating into bilateral buttocks and back of bilateral thighs with pain radiating down to the lateral side of ankle and foot on the right. Pain at worst 6/10 with usual pain 3-4/10. Patient states medication increases his functionality and quality of life. Objective complaints include mild discomfort with pain behaviors present. Full ROM Noted. Flattening of normal lumbar lordosis. SLR positive bilateral lower back and radicular pain. Tender over the superior and mid lumbar facets on the left side. Facet loading test positive bilaterally. Sciatic notch tenderness present on left. Spine extension restricted and painful. Straight leg was positive bilaterally for low back and radicular pain. The patient had decreased sensation over the left S1 and L4 dermatomes on the left side. There is slight weakness with dorsiflexion on the left. Antalgic gait noted. Treatment has consisted of facet joint injections, sacroiliac joint injection trans-foraminal lumbar epidural steroid injection right L5-S1 under fluoroscopy. Radio frequency lesioning, PT, fusion of right L5-S1, medications tried include Lodine, Vioxx, Relafen, and Neurontin. Current medications include Lyrica 50 mg, Fentanyl patch 25mg q 48 hrs, Norco 10/325. The utilization review determination was rendered on 10/14/14 recommending non-certification of Lyrica, (Pregabalin) 50mg, Qty: 60 capsules.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica (Pregabalin) 50 mg, QTY: 60 capsules: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (Pregabalin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica), Page(s): 99. Decision based on Non-MTUS Citation ficial Disability Guidelines (ODG) Pain, Anti-epilepsy drugs (AEDs) for pain

Decision rationale: MTUS and ODG state that "Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and post-herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. See Anti-epilepsy drugs (AEDs) for general guidelines, as well as specific Pregabalin listing for more information and references."The treating physician does not indicate any specific objective findings of diabetic neuropathy or post-herpetic neuralgia to support the use of Lyrica. Additionally, the treating physician does not provide documentation of any significant functional improvement while on Lyrica. As such, the request for Lyrica 50mg, QTY: 60 capsules is not medically necessary.