

Case Number:	CM14-0084090		
Date Assigned:	07/21/2014	Date of Injury:	09/12/2013
Decision Date:	09/26/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/05/2014

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 injured worker is a 49-year-old female who was reportedly injured on September 12, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated February 25, 2014, indicated that there were ongoing complaints of low back pain with left lower extremity involvement. The physical examination demonstrated a decreased lumbar spine range of motion and a generalized stiffness. Diagnostic imaging studies were not reported. Previous treatment included narcotic medications and a previous lumbar fusion (1997). A request was made for Lyrica and was not certified in the pre-authorization process on May 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg (Unspecified Quantity): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 19, 99.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, this medication is indicated to treat diabetic neuropathy and post-herpetic neuropathy. An off label use is indicated for nociceptive pain lesion. It is noted as the injured worker underwent a lumbar

laminectomy more than 16 years ago. However, there is no objectification of a current neuropathic lesion requiring intervention. Also noted is that there are issues with pain control and there is no documentation that the current medication protocol has been effective. Therefore, based on what has been reviewed and by the parameters noted in the California Medical Treatment Utilization Schedule, this is not clinically indicated.