

Case Number:	CM14-0099205		
Date Assigned:	09/12/2014	Date of Injury:	08/15/2011
Decision Date:	10/06/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/27/2014

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 Pain Management and Rehabilitation, 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:

This 61 year-old patient sustained an injury on 8/15/11 while employed by [REDACTED]. Request(s) under consideration include Lyrica 150 Mg #60. Diagnoses include Chronic Pain Syndrome/ Lumbar degenerative disc disease/ spinal stenosis without neurogenic claudication post-laminectomy syndrome. Surgical history included right shoulder surgery, right THR and lumbar fusion (undated). Conservative care has included medications, therapy, psychotherapy, and modified activities/rest. The patient continues to treat for chronic ongoing low back pain radiating into left lower extremity rated at 5-8/10 constant and aching in nature, aggravated by activities and improved with medications. Medications list MS Contin, Percocet, Valium, Tizanidine, and Lyrica. Exam showed muscle spasm, tenderness at SI joint and L3 bilaterally; decreased sensation in sole of foot. The request(s) for Lyrica 150 Mg #60 was modified for the quantity on 5/30/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150 Mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica), Page(s): 100.

Decision rationale: This 61 year-old patient sustained an injury on 8/15/11 while employed by [REDACTED]. Request(s) under consideration include Lyrica 150 Mg #60. Diagnoses include Chronic Pain Syndrome/ Lumbar degenerative disc disease/ spinal stenosis without neurogenic claudication post-laminectomy syndrome. Surgical history included right shoulder surgery, right THR and lumbar fusion (undated). Conservative care has included medications, therapy, psychotherapy, and modified activities/rest. The patient continues to treat for chronic ongoing low back pain radiating into left lower extremity rated at 5-8/10 constant and aching in nature, aggravated by activities and improved with medications. Medications list MS Contin, Percocet, Valium, Tizanidine, and Lyrica. Exam showed muscle spasm, tenderness at SI joint and L3 bilaterally; decreased sensation in sole of foot. The request(s) for Lyrica 150 Mg #60 was modified for the quantity on 5/30/14. 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. This anti-epileptic medication may be helpful in the treatment of radiculopathy and would be indicated if there is documented significant benefit. It appears the medication has been prescribed for quite some time; however, there is no documented functional improvement as the patient continues with constant severe pain level. The clinical exams submitted have no documented neurological deficits or identified any specific myotomal or dermatomal neuropathy. Submitted medical reports have not adequately demonstrated indication and functional benefit to continue ongoing treatment with this anti-epileptic. The Lyrica 150 Mg #60 is not medically necessary and appropriate.