

Case Number:	CM14-0166634		
Date Assigned:	10/13/2014	Date of Injury:	01/23/2012
Decision Date:	05/01/2015	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 (IW) is a 52 year old female who sustained an industrial injury on 01/23/2012. She reported neck pain and pain in the right scapular area. The injured worker was diagnosed as twenty-two months status post posterior spinal instrumented fusion C6-7. Treatment to date has included a posterior arthrodesis on 11/19/2012 to C6-C7 bilateral laminoforaminotomy, interspinous wiring C5-C7, physical therapy, and medications for pain. Currently, the injured worker complains of neck soreness and stiffness. Treatment plans include massage therapy, exercise and medications for pain. The subject of this review is a retrospective request for Lyrica (Pregabalin) 50mg, #120 DOS 8/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Lyrica (Pregabalin) 50mg, #120 DOS 8/7/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), page 16-17, Pregabalin (Lyrica) Page(s): 99. Decision based on Non-MTUS Citation Official 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 postherpetic 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. MTUS additionally comments Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants. Recommended for neuropathic pain (pain due to nerve damage). A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The patient does not appear to have radicular pain. The treating physician has not provided documentation of objective functional improvement with the use of this medication. Given the lack of subjective and objective improvement, a request for Lyrica is not appropriate. As such, the request for Retrospective request for Lyrica (Pregabalin) 50mg, #120 DOS 8/7/14 is not medically necessary.