

Case Number:	CM14-0183374		
Date Assigned:	11/10/2014	Date of Injury:	12/02/1998
Decision Date:	01/07/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/04/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 claimant was a 61 year old female who sustained work related injury on 12/02/08. She was being treated for chronic left shoulder pain, occipital neuralgia, chronic back pain, anxiety, depression, hypersomnia, cervicgia, migraine headaches and lumbar back pain without radiculopathy. She had been recently started on Lyrica 50mg BID. There was concern for possible headaches as a side effect. The dose was increased to 50mg TID to see if she will be able to tolerate it. The request was for #270 Lyrica 50mg. The UR modified certification to Lyrica 50mg #90 to see if she will be able to tolerate it despite the headaches. The note from 10/23/14 was reviewed. She had low back pain that was 6-7/10, constant and worse with standing. Prior treatment included ESI, facet joint injections, physical therapy, ibuprofen, Ultram, Norco, Zanaflex, Prozac, and Neurontin with mild improvement and Lyrica. She was tolerating Lyrica 50mg and felt it was providing some pain relief, but was reporting some increased headaches and was concerned that it may be related to Lyrica. Her diagnoses for the visit included degeneration of cervical intervertebral disc, lumbar intervertebral disc, fibromyositis and headaches. The request was for Lyrica 50mg TID #270.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Page(s): 19-20, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy, Pregabalin Page(s): 18-20. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines @ http://www.medscape.com/viewarticle/819163_7.

Decision rationale: The claimant was a 61 year old female who sustained work related injury on 12/02/08. She was being treated for chronic left shoulder pain, occipital neuralgia, chronic back pain, anxiety, depression, hypersomnia, cervicalgia, migraine headaches and lumbar back pain without radiculopathy. She had been recently started on Lyrica 50mg BID. There was concern for possible headaches as a side effect. The dose was increased to 50mg TID to see if she will be able to tolerate it. The request was for #270 Lyrica 50mg. The UR modified certification to Lyrica 50mg #90 to see if she will be able to tolerate it despite the headaches. The note from 10/23/14 was reviewed. She had low back pain that was 6-7/10, constant and worse with standing. Prior treatment included ESI, facet joint injections, physical therapy, ibuprofen, Ultram, Norco, Zanaflex, Prozac, and Neurontin with mild improvement and Lyrica. She was tolerating Lyrica 50mg and felt it was providing some pain relief, but was reporting some increased headaches and was concerned that it may be related to Lyrica. Her diagnoses for the visit included degeneration of cervical intervertebral disc, lumbar intervertebral disc, fibromyositis and headaches. The request was for Lyrica 50mg TID #270. According to MTUS, Chronic Pain Medical Treatment guidelines, anti-epilepsy drugs are recommended for neuropathic pain. Pregabalin or Lyrica is recommended for neuropathy due to diabetes, postherpetic neuralgia and fibromyalgia. It is also considered in treatment of generalized anxiety disorder and social anxiety disorder. There is more evidence now for pain relief efficacy in low back pain with or without radiculopathy. The employee had failed Neurontin therapy. She had been recently started on Lyrica 50mg BID and it was being increased to 50mg TID. There was some concern for worsening headaches. The UR modified and certified the request for Lyrica 50mg #90 for one month instead of for three months as it was unclear if she was going to tolerate Lyrica. Even though continued trial of Lyrica seems appropriate and within guideline recommendations, the UR determination to modify the request to 30 days is appropriate given the potential adverse effect and the possibility of discontinuation of Lyrica. The request for #270 Lyrica 50mg is not medically necessary or appropriate.