

Case Number:	CM14-0201248		
Date Assigned:	12/11/2014	Date of Injury:	08/05/2014
Decision Date:	01/29/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, has a subspecialty in Interventional spine 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 is a 53-year-old female with a date of injury of 08/05/2014. The injury occurred when she was moving furniture at a client's house. According to a progress report dated 11/18/14, the patient stated that her condition has not improved. She presented with pain and headache to the mid and low back, rated as an 8/10. She reported that Lyrica was not helping her right now and she was not taking it. She would sometimes take 2 Norco to control her pain, but she did not take Norco every day. The provider noted that the patient was to discontinue Lyrica because it was not helping and due to potential side effects. Objective findings: pain upon palpation on the right side of lumbar paraspinal area, persistent radiculopathy in the right leg, limited range of motion of back, slow and guarded gait. Diagnostic impression: lumbosacral sprain, knee/leg sprain, meralgia paresthetica, radiculopathy lumbar or thoracic spine. Treatment to date: medication management, activity modification. On 11/10/2014, Utilization Review non-certified a prescription for Lyrica 25 mg #60, with no refills, based on the absence of medical necessity for the claimant to have an AED agent. Furthermore, it is not clear if the injured worker had been taking Lyrica, and there is no documentation of any nerve root tension signs or obvious neurological impingement or neurological deficit. Utilization Review cited the CA MTUS Chronic Pain Guidelines (2009). Application for independent medical review was made on 11/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 25mg #6, with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 18, 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 20.

Decision rationale: MTUS states that 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. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. However, in the present case, this patient reported that Lyrica was not helping her right now and she was not taking it. In addition, the provider noted that the patient was to discontinue Lyrica because it was not helping and due to potential side effects. It is unclear why this request is being made at this time when the provider has recommended for Lyrica to be discontinued for this patient. Therefore, the request for Lyrica 25mg #6, with no refills was not medically necessary.