

Case Number:	CM14-0211264		
Date Assigned:	12/24/2014	Date of Injury:	03/05/2012
Decision Date:	02/19/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/16/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 45-year-old female with a 3/5/12 date of injury. At the time (10/30/14) of request for authorization for Prospective Usage of Lyrica 75MG #60, there is documentation of subjective (neck, low back, and shoulder pain) and objective (tenderness over the C3-6 facet capsules, T3-6 spinous processes, and L3-S1 facet capsules; pain on rotational extension; positive Patrick's maneuver; and positive Gaenslen's maneuver) findings, current diagnoses (cervical, thoracic, and lumbar spinal pain and rotator cuff tear), and treatment to date (medications (including ongoing treatment with Percocet, Meloxicam, and Lidoderm).

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective usage of Lyrica 75MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica). Page(s): 19-20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Lyrica. Within the medical information available for review, there is documentation of diagnoses of cervical, thoracic, and lumbar spinal pain and rotator cuff tear. In addition, there is documentation of neuropathic pain. Therefore, based on guidelines and a review of the evidence, the request for prospective usage of Lyrica 75mg #60 is medically necessary.